

SEVIS ID: N0012940728

<b>SURNAME/PRIMARY NAME</b> Challagulla	<b>GIVEN NAME</b> Sairaja	<b>Class of Admission</b>  <b>F-1</b>  <b>ACADEMIC AND LANGUAGE</b>
<b>PREFERRED NAME</b> Sairaja Challagulla	<b>PASSPORT NAME</b>	
<b>COUNTRY OF BIRTH</b> INDIA	<b>COUNTRY OF CITIZENSHIP</b> INDIA	
<b>DATE OF BIRTH</b> 03 SEPTEMBER 1992	<b>ADMISSION NUMBER</b>	
<b>FORM ISSUE REASON</b> CONTINUED ATTENDANCE	<b>LEGACY NAME</b> Sairaja Challagulla	

**SCHOOL INFORMATION**

<b>SCHOOL NAME</b> Webster University - Orlando Webster University	<b>SCHOOL ADDRESS</b> Office of International Services, 470 East Lockwood, Saint Louis, MO 63119
<b>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL</b> Janice Thompson Representative	<b>SCHOOL CODE AND APPROVAL DATE</b> MIA214F01188000 09 OCTOBER 2002

**PROGRAM OF STUDY**

<b>EDUCATION LEVEL</b> MASTER'S	<b>MAJOR 1</b> Cyber/Electronic Operations and Warfare 29.0207	<b>MAJOR 2</b> None 00.0000
<b>PROGRAM ENGLISH PROFICIENCY</b> Required	<b>ENGLISH PROFICIENCY NOTES</b> Student is proficient	<b>EARLIEST ADMISSION DATE</b>
<b>START OF CLASSES</b> 30 AUGUST 2016	<b>PROGRAM START/END DATE</b> 30 AUGUST 2016 - 14 OCTOBER 2018	

**FINANCIALS**

<b>ESTIMATED AVERAGE COSTS FOR: 9 MONTHS</b>		<b>STUDENT'S FUNDING FOR: 9 MONTHS</b>	
Tuition and Fees	\$ 16,920	Personal Funds	\$ 0
Living Expenses	\$ 13,430	Funds From This School	\$ 0
Expenses of Dependents (0)	\$ 0	MOTHER	\$ 33,289
Student Health Insurance	\$ 2,939	On-Campus Employment	\$ 0
<b>TOTAL</b>	<b>\$ 33,289</b>	<b>TOTAL</b>	<b>\$ 33,289</b>

**REMARKS**

Academic

**SCHOOL ATTESTATION**

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

<b>X</b> <i>Janice Thompson</i>	<b>DATE ISSUED</b> 13 September 2016	<b>PLACE ISSUED</b> Saint Louis, MO
<b>SIGNATURE OF:</b> Janice Thompson, Representative		

**STUDENT ATTESTATION**

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

<b>X</b> <i>Sairaja</i>	<b>DATE</b> 09/21/16		
<b>SIGNATURE OF:</b> Sairaja Challagulla			
<b>NAME OF PARENT OR GUARDIAN</b>	<b>SIGNATURE</b>	<b>ADDRESS (city/state or province/country)</b>	<b>DATE</b>