

SEVIS ID: N0015261115

<b>SURNAME/PRIMARY NAME</b> RUPAWALA	<b>GIVEN NAME</b> IBRAHIM FIROZBHAI	<b>CLASS</b>  <b>F-1</b>  <b>ACADEMIC AND LANGUAGE</b>
<b>PREFERRED NAME</b> IBRAHIM FIROZBHAI RUPAWALA	<b>PASSPORT NAME</b>	
<b>COUNTRY OF BIRTH</b> INDIA	<b>COUNTRY OF CITIZENSHIP</b> INDIA	
<b>DATE OF BIRTH</b> 21 AUGUST 1991	<b>ADMISSION NUMBER</b>	
<b>FORM ISSUE REASON</b> INITIAL ATTENDANCE	<b>LEGACY NAME</b>	

**SCHOOL INFORMATION**

<b>SCHOOL NAME</b> Arizona State University Arizona State University	<b>SCHOOL ADDRESS</b> Arizona State University, Tempe, AZ 85287
<b>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL</b> Iona Show Assistant Director, Admission Services	<b>SCHOOL CODE AND APPROVAL DATE</b> PHO214F00127000 30 JANUARY 2003

**PROGRAM OF STUDY**

<b>EDUCATION LEVEL</b> MASTER'S	<b>MAJOR 1</b> Electrical and Electronics Engineering 14.1001	<b>MAJOR 2</b> None 00.0000
<b>NORMAL PROGRAM LENGTH</b> 36 Months	<b>PROGRAM ENGLISH PROFICIENCY</b> Required	<b>ENGLISH PROFICIENCY NOTES</b> Student is proficient
<b>PROGRAM START DATE</b> 11 JANUARY 2016	<b>PROGRAM END DATE</b> 31 DECEMBER 2018	

**FINANCIALS**

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 22,366	Personal Funds	\$ 0
Living Expenses	\$ 18,942	Funds From This School	\$
Expenses of Dependents (0)	\$ 0	Family	\$ 44,416
Health Insurance & Program Fees	\$ 3,108	On-Campus Employment	\$
<b>TOTAL</b>	<b>\$ 44,416</b>	<b>TOTAL</b>	<b>\$ 44,416</b>

**REMARKS**

Classes begin on 01/11/2016. Upon arrival, please complete the New Student Check-in with the International Students and Scholars Center immediately/no later than the first day of the semester..

**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>SIGNATURE OF:</b> Iona Show, Assistant Director, Admission Services	<b>DATE ISSUED</b> 05 October 2015	<b>PLACE ISSUED</b> Tempe, AZ
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**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>SIGNATURE OF:</b> IBRAHIM FIROZBHAI RUPAWALA	<b>DATE</b> 10-30-2015
<b>NAME OF PARENT OR GUARDIAN</b> FIROZBHAI K. RUPAWALA	<b>SIGNATURE</b> x <i>FIROZ. K. Rupawala</i>
	<b>ADDRESS (city/state or province/country)</b> SURAT, GUJARAT, INDIA
	<b>DATE</b> 10-30-2015

SEVIS ID: N0015261115 (F-1)

NAME: IBRAHIM FIROZBHAI  
RUPAWALA

EMPLOYMENT AUTHORIZATION

EMPLOYMENT STATUS	TYPE
EMPLOYMENT START DATE	EMPLOYMENT END DATE
EMPLOYER NAME	EMPLOYER LOCATION
COMMENTS	

CHANGE OF STATUS/CAP-GAP EXTENSION

REQUESTED VISA TYPE	REQUEST/PETITION STATUS	RECEIPT NUMBER	BENEFIT START DATE/REQUEST DATE
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EVENT HISTORY

EVENT NAME	EVENT DATE
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OTHER AUTHORIZATIONS

AUTHORIZATION	START DATE	END DATE
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TRAVEL ENDORSEMENT

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

SCHOOL OFFICIAL	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		