

SEVIS ID: N0034365665

SURNAME/PRIMARY NAME Pattipati	GIVEN NAME Kaushik	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Kaushik Pattipati	PASSPORT NAME Pattipati Kaushik	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Tanguturu	DATE OF BIRTH 16 FEBRUARY 2000	
FORM ISSUE REASON CONTINUED ATTENDANCE	ADMISSION NUMBER 483065029A3	

SCHOOL INFORMATION

SCHOOL NAME University of Nebraska University of Nebraska at Omaha	SCHOOL ADDRESS 6001 Dodge Street, Omaha, NE 68182
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Michele James International Student Advisor	SCHOOL CODE AND APPROVAL DATE OMA214F00183000 17 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Computer Science 11.0701	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 15 JULY 2023
START OF CLASSES 14 AUGUST 2023	PROGRAM START/END DATE 14 AUGUST 2023 - 16 MAY 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 23,294	Personal Funds	\$ 0
Living Expenses	\$ 15,532	Funds From This School	\$
Expenses of Dependents (0)	\$	Family Funds	\$ 38,826
Other	\$	On-Campus Employment	\$
TOTAL	\$ 38,826	TOTAL	\$ 38,826

REMARKS

Post Completion Optional Practical Training recommended in student's field of study.

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.

SIGNATURE OF: <i>Michele James</i> Michele James, International Student Advisor	DATE ISSUED 21 February 2025	PLACE ISSUED Omaha, NE
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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.**

SIGNATURE OF: Kaushik Pattipati	DATE
SIGNATURE	DATE
NAME OF PARENT OR GUARDIAN	ADDRESS (city/state or province/country)
SIGNATURE	DATE