

SEVIS ID: N0013429784

SURNAME/PRIMARY NAME Shelar		GIVEN NAME Suyog Arun	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Suyog Arun Shelar		PASSPORT NAME	
COUNTRY OF BIRTH INDIA		COUNTRY OF CITIZENSHIP INDIA	
DATE OF BIRTH 30 JULY 1991		ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE		LEGACY NAME Suyog Arun Shelar	

SCHOOL NAME Florida State University Florida State University Luca Lipparini International Student Advisor	SCHOOL ADDRESS 110. S. Woodward Ave., PO Box 3064216, Tallahassee, FL 32306 SCHOOL CODE AND APPROVAL DATE MIA214F00074000 21 OCTOBER 2002
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PROGRAM OF STUDY	MAJOR 1 Mathematics, General 27.0101	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	
START OF CLASSES 24 AUGUST 2015	PROGRAM START/END DATE 24 AUGUST 2015 - 06 MAY 2017	

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 20,043	Personal Funds	\$ 0
Living Expenses	\$ 14,288	Funds From This School	\$
Expenses of Dependents (0)	\$	Father- Arun D. Shelar	\$ 37,340
Books/Hlth Ins.	\$ 3,009	On-Campus Employment	\$
TOTAL	\$ 37,340	TOTAL	\$ 37,340

REMARKS

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.

X	DATE ISSUED	PLACE ISSUED
SIGNATURE OF: Luca Lipparini, International Student Advisor	23 October 2017	Tallahassee, FL

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.

X	DATE		
SIGNATURE OF: Suyog Arun Shelar			
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

SEVIS ID: N0013429784 (F-1) NAME: Suyog Arun Shelar

EMPLOYMENT AUTHORIZATIONS				
TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	APPROVED	25 MAY 2017	24 MAY 2018

EMPLOYER INFORMATION			
TYPE	AUTHORIZATION DATES		
POST-COMPLETION OPT	25 MAY 2017 - 24 MAY 2018		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
Key Bank	29 MAY 2017		Cleveland, OH

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES		CURRENT SESSION END DATE
CURRENT SESSION START DATE		
N/A. Student is on post-completion practical training.		

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Luca Lipparini	ISA/OSO	X	10/23/17	Tallahassee, FL
		X		
		X		
		X		