

SEVIS ID: N0017748628

SURNAME/PRIMARY NAME		GIVEN NAME	VIKAS KUMAR
PREFERRED NAME		PASSPORT NAME	VIKAS KUMAR
COUNTRY OF BIRTH		INDIA	
DATE OF BIRTH		25 MARCH 1987	
FORM ISSUE REASON		INITIAL ATTENDANCE	
LEGACY NAME			
ACADEMIC AND LANGUAGE			
CLASS			
F-1			

SCHOOL INFORMATION

SCHOOL NAME	University of Utah
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL	University of Utah
SCHOOL CODE AND APPROVAL DATE	200 S. Central Campus Dr., rm 410, Salt Lake City, UT 84112
	DEN214F10094000
	27 JANUARY 2003
	International Assistant Supervisor

PROGRAM OF STUDY

EDUCATION LEVEL	DOCTORATE
PROGRAM LENGTH	64 Months
PROGRAM ENGLISH PROFICIENCY	Required
ENGLISH PROFICIENCY NOTES	Student is proficient
MAJOR 1	Electrical and Electronics Engineering 14.1001
MAJOR 2	None 00.0000
PROGRAM START DATE	22 AUGUST 2016
PROGRAM END DATE	15 DECEMBER 2021

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 26,662	Personal Funds	\$ 0
Living Expenses	\$ 17,263	Department Funding	\$ 48,823
Expenses of Dependents (0)	\$ 0	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
TOTAL	\$ 43,925	TOTAL	\$ 48,823

REMARKS

Student must attend mandatory orientation.

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.	DATE ISSUED	PLACE ISSUED
<i>M. Thompson</i>	27 April 2016	Salt Lake City, UT
SIGNATURE OF: Maria Thompson, International Assistant Supervisor		

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: VIKAS KUMAR RAO	DATE
<i>Vikas Kumar Rao</i>		02 July 2016
SIGNATURE	ADDRESS (city/state or province/country)	DATE
X		
NAME OF PARENT OR GUARDIAN		