

SEVIS ID: N0022532914

SURNAME/PRIMARY NAME Kudaravalli	GIVEN NAME Vineeth Kumar	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Vineeth Kumar Kudaravalli	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
DATE OF BIRTH 18 MARCH 1994	ADMISSION NUMBER 42112487156	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME	

SCHOOL INFORMATION

SCHOOL NAME Fairleigh Dickinson University Metropolitan Campus	SCHOOL ADDRESS International Student Services, 1000 River Road T-ISI-01, Teaneck, NJ 07666
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Susan Cuffee Assistant Director of International Student Services	SCHOOL CODE AND APPROVAL DATE NEW214F000010000 27 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Information Science/Studies 11.0401	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 19 DECEMBER 2016
START OF CLASSES 18 JANUARY 2017	PROGRAM START/END DATE 18 JANUARY 2017 - 19 DECEMBER 2018	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 23,550	Personal Funds	\$ 32,733
Living Expenses	\$ 13,521	Institutional Funds	\$ 6,000
Expenses of Dependents (0)	\$	Funds From Another Source	\$
Medical Insurance	\$ 1,662	On-Campus Employment	\$
TOTAL	\$ 38,733	TOTAL	\$ 38,733

REMARKS

24 Month STEM OPT Extension Requested

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: Susan Cuffee, Assistant Director of International Student Services	19 November 2019	Teaneck, NJ

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	SIGNATURE OF: Vineeth Kumar Kudaravalli	DATE
		12-08-2019
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)
	X	DATE

SEVIS ID: N0022532914 (F-1)

NAME: Vineeth Kumar Kudaravalli

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	APPROVED	04 FEBRUARY 2019	03 FEBRUARY 2020
STEM OPT	FULL TIME	REQUESTED	04 FEBRUARY 2020	03 FEBRUARY 2022

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES			
POST-COMPLETION OPT	04 FEBRUARY 2019 - 03 FEBRUARY 2020			
EMPLOYER NAME	START DATE	END DATE	CITY & STATE	
TATA Consultancy Services Limited	15 AUGUST 2019		Columbus, OH	
GENIUS MINDS LLC	01 APRIL 2019	09 AUGUST 2019	Tacoma, WA	

TYPE	AUTHORIZATION DATES			
STEM OPT	04 FEBRUARY 2020 - 03 FEBRUARY 2022			
EMPLOYER NAME	START DATE	END DATE	CITY & STATE	
Tata Consultancy Services Limited	04 FEBRUARY 2020	03 FEBRUARY 2022	COLUMBUS, OH	

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END 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
		X		
		X		
		X		
		X		