

Please read Instructions on Page 2

This page must be completed and signed in the U.S. by a designated school official.

SEVIS

1. Family Name (surname): <b>Zhen</b>	
First (given) Name: <b>Kai</b>	Middle Name:
Country of birth: <b>CHINA</b>	Date of birth(mo/day/year): <b>07/23/1988</b>
Country of citizenship: <b>CHINA</b>	Admission number:

2. School (School district) name: <b>Indiana University</b> <b>Indiana University Bloomington</b>	
School Official to be notified of student's arrival in U.S.(Name and Title): <b>Jennifer Bowen</b> <b>Associate Director for Student Services</b>	
School address (include zip code): <b>Poplars 221</b> <b>400 E. 7th Street</b> <b>Bloomington, IN 47405</b>	
School code (including 3-digit suffix, if any) and approval date: <b>CHI214F10103000</b> approved on <b>01/21/2003</b>	

For Immigration Official User	
Visa issuing post	Date Visa Issued
Reinstated, extension granted to:	

Student's Copy N0013134788


3. This certificate is issued to the student named above for:  
**Initial attendance at this school.**
4. Level of education the student is pursuing or will pursue in the United States:  
**DOCTORATE**
5. The student named above has been accepted for a full course of study at this school, majoring in **Computer Science**.  
The student is expected to report to the school no later than **08/09/2015** and complete studies not later than **05/31/2020**. The normal length of study is **57** months.
6. English proficiency:  
**This school requires English proficiency.**  
**The student has the required English proficiency.**
7. This school estimates the student's average costs for an academic term of **9** (up to 12) months to be:
- |  |                     |
|--|---------------------|
| a. Tuition and fees                      | \$ <u>20,545.00</u> |
| b. Living expenses                       | \$ <u>9,874.00</u>  |
| c. Expenses of dependents ( 0 )          | \$ <u>0.00</u>      |
| d. Other (specify): <b>Miscellaneous</b> | \$ <u>3,960.00</u>  |
| Total                                    | \$ <u>34,379.00</u> |

8. This school has information showing the following as the student's means of support, estimated for an academic term of **9** months (Use the same number of months given in item 7).
- |   |                     |
|---|---------------------|
| a. Student's personal funds                   | \$ <u>0.00</u>      |
| b. Funds from this school                     | \$ <u>34,379.00</u> |
| Specify type: <b>Associate Instructorship</b> |                     |
| c. Funds from another source                  | \$ <u>0.00</u>      |
| Specify type: _____                           |                     |
| d. On-campus employment                       | \$ <u>0.00</u>      |
| Total   | \$ <u>34,379.00</u> |

9. Remarks: **Health and accident insurance is mandatory for student and all accompanying dependents. Summer tuition and expenses at additional cost. Some graduate departments require further English language evaluation upon arrival.**

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed 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; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

<b>Jennifer Bowen</b>		<b>Associate Director for -</b>	<b>04/13/2015</b>	<b>Bloomington, IN</b>
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. 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 course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Name of Student	Signature of Student	Date
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Name of parent or guardian If student under 18	Signature of parent or guardian	Address (city)	(State or Province) (Country)	(Date)
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