

UNITED STATES OF AMERICA



GUANGZHOU

Surname

WANG

Given Name

YIMING

Passport Number

E89112884

Entries

M

Issue Date

15JUN2017

Control Number

20171646230095

Visa Type /Class

R F1

Birth Date

19FEB1997

Nationality

CHIN

Expiration Date

12JUN2022

1011

N0024351568

WESTERN OREGON UNIVERSITY

L9771256

[illegible]

E891128847CHN9702190M2206127F1GUZ2KV3J641230

SEVIS ID: N0024351568

SURNAME/PRIMARY NAME Wang	GIVEN NAME Yiming	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Yiming Wang	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 19 FEBRUARY 1997	ADMISSION NUMBER 66621257156	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME	

SCHOOL INFORMATION

SCHOOL NAME Western Oregon University Western Oregon University	SCHOOL ADDRESS 345 N Monmouth Ave, Monmouth, OR 97361
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Jacqueline Jane Bouvia International Student Advisor	SCHOOL CODE AND APPROVAL DATE PO0214F00005000 28 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL BACHELOR'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 14 AUGUST 2017
START OF CLASSES 13 SEPTEMBER 2017	PROGRAM START/END DATE 13 SEPTEMBER 2017 - 14 JUNE 2019	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 19,098	Personal Funds	\$ 0
Living Expenses	\$ 15,192	Funds From This School	\$
Expenses of Dependents (0)	\$	Family Funds	\$ 35,990
Insurance	\$ 1,700	On-Campus Employment	\$
TOTAL	\$ 35,990	TOTAL	\$ 35,990

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.

SIGNATURE OF: Jacqueline Jane Bouvia, International Student Advisor	DATE ISSUED 03 September 2019	PLACE ISSUED Monmouth, OR
--	---	-------------------------------------

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

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant
OMB NO. 1653-0038

SEVIS ID: N0024351568 (F-1)

NAME: Yiming Wang

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	APPROVED	15 AUGUST 2019	14 AUGUST

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
Jackie Bawis	Advisor	X Jackie Bawis	9/3/19	Monmouth, NJ
		X		
		X		
		X		