

SEVIS ID: N0031967702

SURNAME/PRIMARY NAME Jampana	GIVEN NAME Pratyusha	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Pratyusha Jampana	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Atreyapuram	DATE OF BIRTH 18 APRIL 1997	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Pratt Institute Pratt Manhattan	SCHOOL ADDRESS 144 West 14th Street, New York, NY 10011
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Allison Nichols Assistant Director	SCHOOL CODE AND APPROVAL DATE NYC214F00775001 15 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Architectural and Building Sciences/Technology 04.0902	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 23 JULY 2021
START OF CLASSES 30 AUGUST 2021	PROGRAM START/END DATE 22 AUGUST 2021 - 31 MAY 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 48,038	Personal Funds	\$ 0
Living Expenses	\$ 35,036	Pratt Institute Scholarship	\$ 24,000
Expenses of Dependents (0)	\$	Family Funds	\$ 59,074
Other	\$	On-Campus Employment	\$
TOTAL	\$ 83,074	TOTAL	\$ 83,074

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 Allison Nichols **DATE ISSUED** 05 May 2021 **PLACE ISSUED** New York, NY

SIGNATURE OF: Allison Nichols, Assistant Director

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 Pratyusha J

SIGNATURE OF: Pratyusha Jampana **DATE** Andhra Pradesh, INDIA

NAME OF PARENT OR GUARDIAN S. KRISHNA RAJU **SIGNATURE** [Signature] **ADDRESS (city/state or province/country)** **DATE**

SEVIS ID: N0031967702 (F-1)

NAME: Pratyusha Jampana

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE

CURRENT SESSION END DATE

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		