

SEVIS ID: [REDACTED]

SURNAME/PRIMARY NAME [REDACTED]	GIVEN NAME [REDACTED]	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME [REDACTED]	PASSPORT NAME	
COUNTRY OF BIRTH [REDACTED]	COUNTRY OF CITIZENSHIP [REDACTED]	
CITY OF BIRTH [REDACTED]	DATE OF BIRTH [REDACTED]	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME University of Southern California Health Sciences Campus	SCHOOL ADDRESS Office of International Services, 649 West 34th Street, Los Angeles, CA 90089
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Sarah Butler Assistant Director	SCHOOL CODE AND APPROVAL DATE LOS214F00291003 30 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Microbiology and Immunology 26.0508	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	ENGLISH PROFICIENCY NOTES English language fluency is vital to student success at USC. However, USC does not set minimum scores for admission. The university uses benchmark English test scores to determine whether an admitted student needs to take an internal English placement exam upon arrival. USC then uses this writing and oral skills assessment test to place students in specific required English courses while pursuing their	EARLIEST ADMISSION DATE 11 DECEMBER 2021
START OF CLASSES 10 JANUARY 2022		
PROGRAM START/END DATE 10 JANUARY 2022 - 13 MAY 2022		

Your I-20 must have a correct Spring 2022 start date

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ [REDACTED]	Personal Funds	\$ [REDACTED]
Living Expenses	\$ [REDACTED]	None	\$ [REDACTED]
Expenses of Dependents (0)	\$ [REDACTED]	FAMILY	\$ [REDACTED]
None	\$ [REDACTED]	On-Campus Employment	\$ [REDACTED]
TOTAL	\$ [REDACTED]	TOTAL	\$ [REDACTED]

REMARKS

[REDACTED]


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.

<input checked="" type="checkbox"/>	DATE ISSUED [REDACTED]	PLACE ISSUED Los Angeles, CA
SIGNATURE OF: Sarah Butler, 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.**

<input checked="" type="checkbox"/>			
SIGNATURE OF: 		DATE	
	<input checked="" type="checkbox"/>		
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE