

SEVIS ID: N0029758709

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| SURNAME/PRIMARY NAME Avhad | GIVEN NAME Gaurav Rajendrakumar | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Gaurav Rajendrakumar Avhad | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Mumbai | DATE OF BIRTH 20 NOVEMBER 1993 | |
| FORM ISSUE REASON CONTINUED ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

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| SCHOOL NAME University of the Cumberland University of the Cumberland | SCHOOL ADDRESS 649 S 10TH ST, Suite B, WILLIAMSBURG, KY 40769 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Norma Wilson-Miller Document Processing Specialist | SCHOOL CODE AND APPROVAL DATE NOL214F10705000 23 SEPTEMBER 2002 |

PROGRAM OF STUDY

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|---|--|-------------------------|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Information Technology 11.0103 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE |
| START OF CLASSES 28 AUGUST 2023 | PROGRAM START/END DATE 09 AUGUST 2023 - 03 MAY 2025 | |

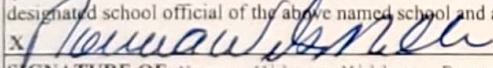
FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 12 MONTHS | | STUDENT'S FUNDING FOR: 12 MONTHS | |
|--|-----------|----------------------------------|-----------|
| Tuition and Fees | \$ 11,529 | Personal Funds | \$ 18,729 |
| Living Expenses | \$ 7,200 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ |
| Other | \$ 0 | On-Campus Employment | \$ |
| TOTAL | \$ 18,729 | TOTAL | \$ 18,729 |

REMARKS

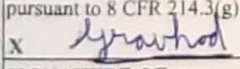
SCHOOL ATTESTATION

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.

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| X  | DATE ISSUED 09 August 2023 | PLACE ISSUED WILLIAMSBURG, KY |
| SIGNATURE OF: Norma Wilson-Miller, Document Processing Specialist | | |

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.

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|---|--------------------|--|------|
| X  | DATE 08/11/2023 | | |
| SIGNATURE OF: Gaurav Rajendrakumar Avhad | | | |
| NAME OF PARENT OR GUARDIAN | SIGNATURE | ADDRESS (city/state or province/country) | DATE |

SEVIS ID: N0029758709 (F-1)

NAME: Gaurav Rajendrakumar
Avhad

EMPLOYMENT AUTHORIZATIONS

| TYPE | FULL/PART-TIME | STATUS | START DATE | END DATE |
|------|----------------|----------|----------------|-----------------|
| CPT | FULL TIME | APPROVED | 14 AUGUST 2023 | 07 JANUARY 2024 |

EMPLOYER INFORMATION

| TYPE | AUTHORIZATION DATES | | |
|-----------------|----------------------------------|-----------------|----------------|
| CPT | 14 AUGUST 2023 - 07 JANUARY 2024 | | |
| EMPLOYER NAME | START DATE | END DATE | CITY & STATE |
| Tec Artists Inc | 14 AUGUST 2023 | 07 JANUARY 2024 | WILMINGTON, DE |

CHANGE OF STATUS/CAP-GAP EXTENSION

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AUTHORIZED REDUCED COURSE LOAD

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CURRENT SESSION DATES

| CURRENT SESSION START DATE | CURRENT SESSION END DATE |
|----------------------------|--------------------------|
| 28 AUGUST 2023 | 07 JANUARY 2024 |

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 |
|----------------------------|------------|---------------------|---------------|------------------------|
| <i>P. M. Miller</i> | <i>DSO</i> | <i>P. M. Miller</i> | <i>8-9-23</i> | <i>Williamsburg Ky</i> |
| | | X | | |
| | | X | | |
| | | X | | |
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