

Completing the Form I-983
Useful Information for you and your employer

Department of Homeland Security I-20, Certificate of Eligibility for Nonimmigrant Student Status
U.S. Immigration and Customs Enforcement OMB NO. 1633-0038

SEVIS ID: NO0

SURNAME/PRIMARY NAME	GIVEN NAME	CLASS F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME	PASSPORT NAME	
COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	
	ADMISSION NUMBER	
	LEGACY NAME	

CIP Code:
CIP codes are specific to your major, in this example the CIP code is 11.0701

Tufts School Code:
Each campus has a unique school code, check your document for yours

SCHOOL ADDRESS International Center, 20 Sawyer Avenue, Medford, MA 02155
SCHOOL CODE AND APPROVAL DATE BOS214F00358000 15 JANUARY 2015

PROGRAM OF STUDY

EDUCATION LEVEL BACHELOR'S	MAJOR 1 Computer Science 11.0701	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 48 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 03 SEPTEMBER 2013	PROGRAM END DATE 31 MAY 2017	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 45,888	Personal Funds	\$
Living Expenses	\$ 22,111	Tufts Financial Aid	\$
Expenses of Dependents (0)	\$	Family Funds	
Other	\$	On-Campus Employment	
TOTAL	\$ 67,999	TOTAL	

REMARKS

DSO Name: Name of your I-Center advisor; in this example it is Whitney Sullivan.

DSO Contact information:
20 Sawyer Ave. Medford, MA 02155
617-627-3458
(same for all I-Center advisors)

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 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: Whitney Sullivan, International Student Advisor	DATE ISSUED 15 December 2015	PLACE ISSUED Medford, MA
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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"/>	SIGNATURE _____	DATE _____
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country) DATE