

Please read Instructions on Page 2
This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname):
First (given) Name: Middle Name:
Country of birth: Date of birth(mo/day/year):
Country of citizenship: Admission number:
2. School (School district) name:
Minnesota State University, Mankato
Minnesota State University, Mankato
School Official to be notified of student's arrival in U.S.(Name and Title):
Thomas Gjerøvig
Director, ISSS
School address (include zip code):
International Center
SU 250
Mankato, MN 56001
School code (including 3-digit suffix, if any) and approval date:
SPM214#00215000 approved on 01/28/2003

For Immigration Official User
Student's Copy
SEVIS number
N000123456
Visa issuing post
Date Visa Issued
Reinstated, extension granted to:

3. This certificate is issued to the student named above for:
Continued at school.
4. Level of study will pursue in the United States:
MASTER
5. The student named above has been accepted for a full course of study at this school, majoring in Health and Physical Education, General. The student is expected to report to the school no later than 01/11/2008 and complete studies not later than 01/09/2011. The normal length of study is 36 months.
6. English proficiency:
This school requires English proficiency.
The student has the required English proficiency.
7. This school estimates the student's average costs for an academic term of 9 (up to 12) months to be:
a. Tuition and fees \$ 7,456.00
b. Living expenses \$ 5,099.00
c. Expenses of dependents (1) \$ 6,500.00
d. Other (specify): Insurance, books \$ 2,900.00
Total \$ 21,955.00

8. This school has information showing the means of support, estimated for an academic term of 9 months (Use the same number of months given in item 7).
a. Student's personal funds \$ 0.00
b. Funds from this school \$ 9,000.00
c. Graduate Assistantship each term \$ 12,955.00
Total amount you should provide at the visa interview \$ 0.00
9. Remarks: Graduate Assistantship includes a \$4,500 each term stipend and up to 9 credits of tuition waiver each term. Purchase MSU mandatory health insurance. Summer expenses not included.

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed 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; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

Name of School Official: [Signature] Title: Director, ISSS Date Issued: 01/15/2009 Place Issued (city and state): Mankato, MN

11. Student Certification: I have read the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school official to release information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Name of Student: [Signature] Signature of Student: [Signature] Date: [Date]
Name of parent or guardian: [Signature] Signature of parent or guardian: [Signature] Address (city) (State or Province) (Country) (Date)