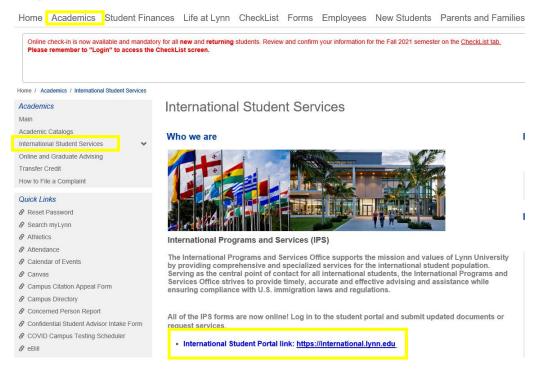
DOCUMENT VERIFICATION UPLOAD INSTRUCTIONS

GO TO MY LYNN AT: WWW.LYNN.EDU/MYLYNN

Click on Academics>International Student Services> International Student Portal Link





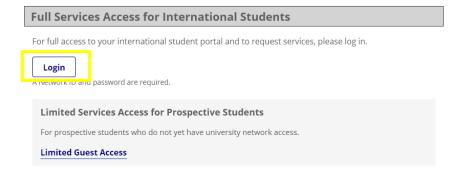
Click on the blue LOGIN button and log in with your Lynn email address and password

INTERNATIONAL STUDENT PORTAL

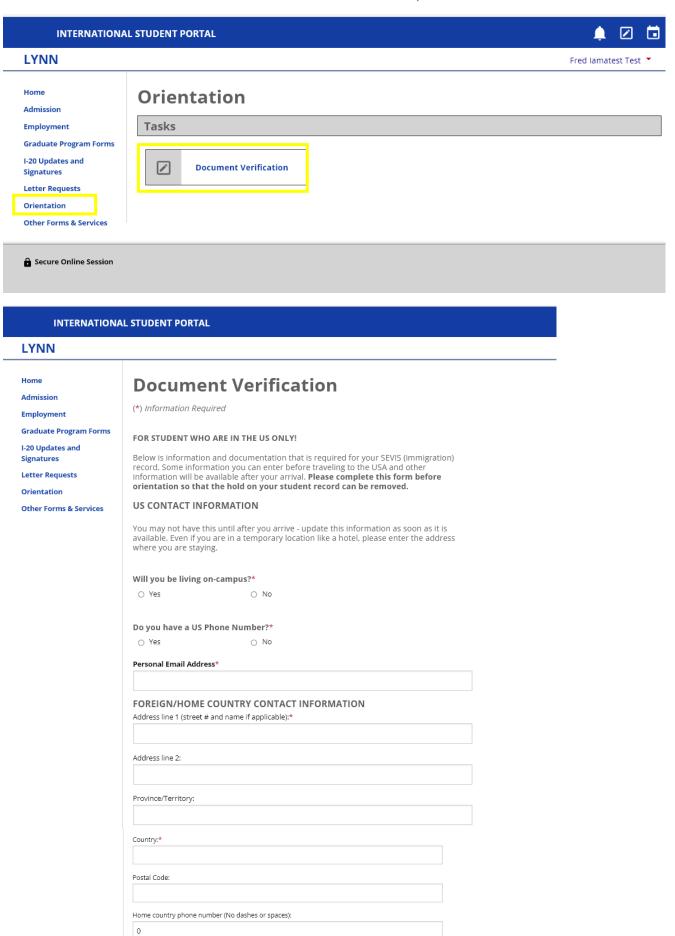
LYNN

WELCOME TO LYNN'S INTERNATIONAL STUDENT PORTAL

Your one-stop for services as an international student.



Secure Online Session



This person should be a parent or close rela	ve
Emergency contact name:*	
Emergency contact relationship to you:	
Preferred Language:*	
Emergency contact phone number (No dashes or spa	5):*
Emergency contact email address:*	
REQUIRED IMMIGRATION DOCUMENTS	
F-1 Visa (<u>example here</u>) *	Save your documents to your computer/device as PDF or JPEG
Select File	files and upload here.
	·
I-94 Record This is available at https://i94.cb USA. Click on the link, then click on "Get Most F	ths.gov/194/ AFTER you have entered the cent I-94) *
Select File	
Did you attended another US school while i	F-1 status?*
○ Yes ○ No	nce the form is completed in its entirety
	nd the documents are uploaded, click
	"Submit"

University, select "Yes" and upload a copy of that school's form I-20 here. If you did not attend another US school, select "No"

If you attended another US school prior to transferring to Lynn

**SEE SAMPLE DOCUMENTS ON THE FOLLOWING PAGES





Most Recent I-94

Admission (I-94) Record Number:

Most Recent Date of Entry: 2016 August 10

Class of Admission: F1

Admit Until Date: D/S

Details provided on the I-94 Information form:

Last/Surname:

First (Given) Name:

Birth Date:

Passport Number:

Country of Issuance:

Department of Homeland Security

U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status OMB NO. 1653-0038

SEVIS ID: N0004705512

SURNAME/PRIMARY NAME

oe Smith

PREFERRED NAME

John Doe-Smith

COUNTRY OF BIRTH UNITED KINGDOM

DATE OF BIRTH 01 JANUARY 1980

FORM ISSUE REASON

INITIAL ATTENDANCE

GIVEN NAME

PASSPORT NAME

COUNTRY OF CITIZENSHIP

UNITED KINGDOM

ADMISSION NUMBER

LEGACY NAME

John Doe-Smith

CLASS

ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME

SEV? School for Advanced SEVIS Studies SEVP School for Advanced SEVIS Studies

SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL

Helene Robertson

SCHOOL ADDRESS

9002 Mancy Lane, Ft. Washington, MD 20744

SCHOOL CODE AND APPROVAL DATE

03 AFRIL 2015

PROGRAM OF STUDY

NORMAL PROGRAM LENGTH

EDUCATION LEVEL

MAJOR I

Economics, General 45.0601

PROGRAM ENGLISH PROFICIENCY Required

MAJOR 2 Mone 00.0000

ENGLISH PROFICIENCY NOTES

Student is proficient

PROGRAM START DATE PROGRAM END DATE 01 SEPTEMBER 2015

FINANCIALS

2 Months

. A. V. A. I. A. A. I. A			
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS	STUDENT'S FUNDING FOR: 9 MONTHS		

Tuition and Fees 23,000 \$ Personal Funds Living Expenses \$ 6,000 Scholarship and Teaching Assistantship \$ 29,000 3,000 Expenses of Dependents (1) 5 Funds From Another Source Other On-Campus Employment 32,000 TOTAL Ś TOTAL 5 32,000

REMARKS

Orientation begins 8/25/2015. Please report to ISSS upon arrival.

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.

DATE ISSUED PLACE ISSUED SIGNATURE OF: Helene Robertson, PDSO 21 April 2015 Ft. Washington, MD

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	
SIGNATURE OF: John Doe Smith	DATE

NAME OF PARENT OR GUARDIAN SIGNATURE ADDRESS (city/state or province/country) DATE