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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: N0033243730

| | | |
|---|---|---|
| SURNAME/PRIMARY NAME Maddi | GIVEN NAME Venkata Siva Manohar | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Venkata Siva Manohar Maddi | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Chilakaluripet | DATE OF BIRTH 05 SEPTEMBER 1999 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|---|
| SCHOOL NAME Northwest Missouri State University Northwest Missouri State University | SCHOOL ADDRESS Northwest Missouri State University, 800 University Drive, Maryville, MO 64468 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Anthony Christian International Involvement Specialist | SCHOOL CODE AND APPROVAL DATE KAN214F00394000 24 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 13 JULY 2023 |
| START OF CLASSES 21 AUGUST 2023 | PROGRAM START/END DATE 12 AUGUST 2023 - 08 AUGUST 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|--|------------------|
| Tuition and Fees | \$ 9,189 | Personal Funds | \$ 15,668 |
| Living Expenses | \$ 5,500 | CS/IS Graduate Achievement Scholarship | \$ 500 |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ 0 |
| Health Insurance | \$ 1,479 | On-Campus Employment | \$ 0 |
| TOTAL | \$ 16,168 | TOTAL | \$ 16,168 |

REMARKS

Arrival Days: August 12th & 13th, 2023. Tuition, scholarships, & fees are based on 9 credit hours/term. These items are estimates ONLY, dependent on credit hours enrolled, & subject to change. First semester tuition is due upon arrival. All international students are enrolled in the university sourced medical insurance. Students are required to follow CDC guidelines for international travel and will be enrolled in classes according to SEVP guidelines.

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 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 24 February 2023 | PLACE ISSUED Maryville, MO |
| SIGNATURE OF: Anthony Christian, International Involvement 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.

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



ICE Form I-20 (04/30/2021)

PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS) Page 1 of 3
NARASARAOPETA - 522 601
Guntur (Dist.), A.P.

18-578

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: N0034217134

| | | |
|--|---|---|
| SURNAME/PRIMARY NAME Karnati | GIVEN NAME Veera Reddy | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Veera Reddy Karnati | PASSPORT NAME KARNATI VEERA REDDY | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH GANGADONA KONDA | DATE OF BIRTH 14 MAY 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|---|
| SCHOOL NAME Kennesaw State University Kennesaw State University | SCHOOL ADDRESS 480 BARTOW AVE NW, Suite 5625, MD 4804, KENNESAW, GA 30144 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Jordan Anderson International Student Advisor | SCHOOL CODE AND APPROVAL DATE ATL214F00582000 23 SEPTEMBER 2002 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 15 JULY 2023 |
| START OF CLASSES 14 AUGUST 2023 | PROGRAM START/END DATE 14 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|--|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 21,174 | Personal Funds | \$ 55,019 |
| Living Expenses | \$ 12,947 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ | Funds From Another Source | \$ |
| books, breaks, insurance, supplies, tr | \$ 10,416 | On-Campus Employment | \$ |
| TOTAL | \$ 44,537 | TOTAL | \$ 55,019 |

REMARKS

Fees subject to change. Student must complete mandatory orientation and check in upon arrival. Health insurance is mandatory at all times. If student travels abroad a DSO signature is required for re-entry. Work authorization is mandatory on the I-20 prior to the start date. Contact information: +1-470-578 (business hours) or +1-470-578-6666 (after hours emergencies), iss@kennesaw.edu

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.

X Jordan Anderson **DATE ISSUED** 05 April 2023 **PLACE ISSUED** KENNESAW, GA

SIGNATURE OF: Jordan Anderson, International Student Advisor

STUDENT ATTESTATION

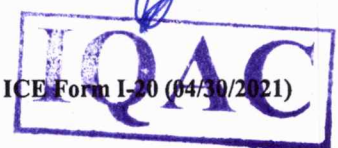
I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United 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.

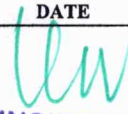
X

SIGNATURE OF: Veera Reddy Karnati **DATE**

X

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




 PRINCIPAL
 NARASARAOPETA ENGINEERING COLLEGE
 (AUTONOMOUS)
 NARASARAOPET - 522 601
 Guntur (Dist.), A.P.

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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: N0034395277

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Divvela | GIVEN NAME Mounika | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Mounika Divvela | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 01 DECEMBER 1999 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |
| | | |

SCHOOL INFORMATION

| | |
|--|---|
| SCHOOL NAME Saint Louis University Saint Louis University | SCHOOL ADDRESS One Grand Boulevard, DuBourg Hall, St. Louis, MO 63103 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Susan Imbeah International Services Advisor | SCHOOL CODE AND APPROVAL DATE KAN214F10192000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 18 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 17 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|---------------|
| Tuition and Fees | \$ 21,000 | Personal Funds | \$ 0 |
| Living Expenses | \$ 16,500 | Scholarship | \$ 4,250 |
| Expenses of Dependents (0) | \$ 0 | family funds | \$ 68,000 |
| Other | \$ 0 | On-Campus Employment | \$ 1,000 |
| TOTAL | \$ 37,500 | TOTAL | 73,250 |

REMARKS

Student must report to university within 7 days of start date or I-20 is void.

SCHOOL ATTESTATION

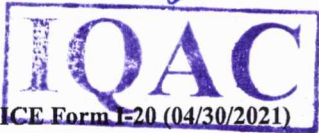
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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.

X Susan Imbeah **DATE ISSUED** 03 May 2023 **PLACE ISSUED** St. Louis, MO
SIGNATURE OF: Susan Imbeah, International Services Advisor

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



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS) Page 1 of 3
NARASARAOPETA - 522 601
Guntur (Dist.), A.P.

17-09

SEVIS ID: N0034627191

| | | |
|---|--|---|
| SURNAME/PRIMARY NAME Thumma | GIVEN NAME Siri Chandana Mounika | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Siri Chandana Mounika Thumma | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Guntur | DATE OF BIRTH 08 NOVEMBER 1998 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME Stevens Institute of Technology Stevens Institute of Technology | SCHOOL ADDRESS 1 CASTLE POINT TER, International Student Scholar Services Office, HOBOKEN, NJ 07030 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Brittany Then Advisor | SCHOOL CODE AND APPROVAL DATE NEW214F01106000 06 AUGUST 2002 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 02 AUGUST 2023 |
| START OF CLASSES 01 SEPTEMBER 2023 | PROGRAM START/END DATE 01 SEPTEMBER 2023 - 17 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 42,374 | Personal Funds | \$ 56,054 |
| Living Expenses | \$ 17,480 | Graduate Scholarship | \$ 7,000 |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ 0 |
| Health insurance, books, and supplies | \$ 3,200 | On-Campus Employment | \$ 0 |
| TOTAL | \$ 63,054 | TOTAL | \$ 63,054 |

REMARKS

This Form I-20 is only valid to begin the Fall 2023 term, thus the student must arrive to Stevens and complete immigration reporting (SEVIS Activation) upon arrival to the United States with ISSS no later than start date of the Fall 2023 term.

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 14 June 2023 | PLACE ISSUED HOBOKEN, NJ |
| SIGNATURE OF: Brittany Then, Advisor | | |

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



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPETA - 522 2601
Guntur (Dist.), A.P.

SEVIS ID: N0034586344

| | | |
|---|--|---|
| SURNAME/PRIMARY NAME Nalamothu | GIVEN NAME Hemanthkumar | of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Hemanthkumar Nalamothu | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Ongole | DATE OF BIRTH 11 NOVEMBER 1998 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME UNIVERSITY OF CENTRAL MISSOURI Missouri Innovation Campus | SCHOOL ADDRESS 1101 Innovation Parkway, LEES SUMMIT, MO 64086 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Franklin Cochran International Student Advisor | SCHOOL CODE AND APPROVAL DATE KAN214F00100001 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 15 JULY 2023 |
| START OF CLASSES 14 AUGUST 2023 | PROGRAM START/END DATE 14 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|--|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 9,962 | Personal Funds | \$ 22,680 |
| Living Expenses | \$ 10,206 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ | Funds From Another Source | \$ |
| Health Insurance and additional Progra | \$ 2,512 | On-Campus Employment | \$ |
| TOTAL | \$ 22,680 | TOTAL | \$ 22,680 |

REMARKS

Mandatory orientation for enrollment begins August 7, 2023.

SCHOOL ATTESTATION

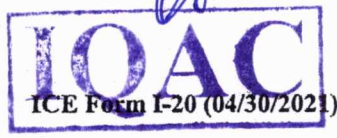
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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.

| | | | |
|--|-------------------------|------------------------------------|--|
| X | <i>Franklin Cochran</i> | DATE ISSUED 13 June 2023 | PLACE SIGNED LEE, SUMMIT, MO |
| SIGNATURE OF: Franklin Cochran, International Student Advisor | | | |

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: Hemanthkumar Nalamothu | | DATE | |
| | X | | |
| NAME OF PARENT OR GUARDIAN | SIGNATURE | ADDRESS (city/state or province/country) | DATE |



PRINCIPAL
 NARASARAOPETA ENGINEERING COLLEGE
 (AUTONOMOUS)
 NARASARAOPET, 522 601,
 Guntur (Dist.), A.P.

18.032
Anangi Siva Sai

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: N0034107827

| | | |
|--|---|---|
| SURNAME/PRIMARY NAME Anangi | GIVEN NAME Siva Sai | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Siva Sai Anangi | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 01 NOVEMBER, 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME Southeast Missouri State University Southeast Missouri State University | SCHOOL ADDRESS 1 UNIVERSITY PLZ, International Education and Services, MS 2000, CAPE GIRARDEAU, MO 63701 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Hannah Weathers International Student Counselor | SCHOOL CODE AND APPROVAL DATE KAN214F10266000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 15 JULY 2023 |
| START OF CLASSES 21 AUGUST 2023 | PROGRAM START/END DATE 14 AUGUST 2023 - 10 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|-----------------------------------|------------------|
| Tuition and Fees | \$ 11,939 | Personal Funds | \$ 21,777 |
| Living Expenses | \$ 9,838 | INTERNATIONAL STUDENT SCHOLARSHIP | \$ 1,000 |
| Expenses of Dependents (0) | \$ | Funds From Another Source | \$ |
| Other | \$ | On-Campus Employment | \$ |
| TOTAL | \$ 21,777 | TOTAL | \$ 22,777 |

REMARKS

INTERNATIONAL STUDENT SCHOLARSHIP with full time enrollment (subject to terms & pending verification by Student Financial Services).

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"/> <u>Hannah Weathers</u> SIGNATURE OF: Hannah Weathers, International Student Counselor | DATE ISSUED 16 March 2023 | PLACE ISSUED CAPE GIRARDEAU, MO |
|--|------------------------------|------------------------------------|

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: Siva Sai Anangi | DATE | |
| <u>[Signature]</u> | <input checked="" type="checkbox"/> | |
| NAME OF PARENT OR GUARDIAN | SIGNATURE | ADDRESS (city/state or province/country) DATE |



PRINCIPAL
NARASARAO PET ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAO PET - 522 601
Guntur (Dist.), A.P.

SEVIS ID: N0034621305

| | | |
|--|---|---|
| SURNAME/PRIMARY NAME Dowpati | GIVEN NAME Sowsheel Raja | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Sowsheel Raja Dowpati | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 15 SEPTEMBER 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME Gannon University Gannon University | SCHOOL ADDRESS 109 University Square, Erie, PA 16541 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Lynne Wright Administrative Secretary, Global Admissions & Outreach | SCHOOL CODE AND APPROVAL DATE PHI214F10228000 16 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Information Technology 11.0103 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Not Required | ENGLISH PROFICIENCY NOTES ON-CAMPUS ESL WILL BE PROVIDED IF NEEDED. | EARLIEST ADMISSION DATE 24 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 23 AUGUST 2023 - 10 MAY 2025 | |

FINANCIALS

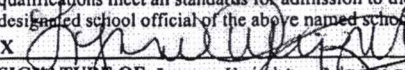
| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 22,360 | Personal Funds | \$ 0 |
| Living Expenses | \$ 7,000 | International Award | \$ 3,000 |
| Expenses of Dependents (0) | \$ | Family | \$ 58,920 |
| Books and Insurance | \$ 1,480 | On-Campus Employment | \$ |
| TOTAL | \$ 30,840 | TOTAL | \$ 61,920 |

REMARKS

THE GRE/GMAT TEST IS NOT REQUIRED FOR ADMISSION PER INDUSTRY AND PROJECT BASED REQUIREMENTS; STUDENT HAS RECEIVED AN INTERNATIONAL AWARD OF \$1,500.00 TO BE DEDUCTED FROM TUITION AND FEES PER SEMESTER REGISTERED FOR EACH SEMESTER OF FULL-TIME ENROLLMENT.

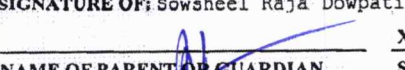
SCHOOL ATTESTATION

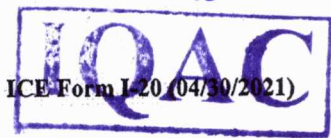
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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.

X  **DATE ISSUED** 13 June 2023 **PLACE ISSUED** Erie, PA
SIGNATURE OF: Lynne Wright, Administrative Secretary, Global Admissions & Outreach

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: Sowsheel Raja Dowpati **DATE**
 X
NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601,
Guntur (Dist.), A.P.

1847.0542

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: N0033699805

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Pathan | GIVEN NAME John Subhani | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME John Subhani Pathan | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 27 JULY 1998 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|---|
| SCHOOL NAME Saint Louis University Saint Louis University | SCHOOL ADDRESS One Grand Boulevard, DuBourg Hall, St. Louis, MO 63103 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Catherine Donahue Assistant Director | SCHOOL CODE AND APPROVAL DATE KAN214F10192000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 18 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 17 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 18,000 | Personal Funds | \$ 0 |
| Living Expenses | \$ 16,500 | Scholarship | \$ 3,250 |
| Expenses of Dependents (0) | \$ 0 | Family funds | \$ 30,250 |
| Other | \$ 0 | On-Campus Employment | \$ 1,000 |
| TOTAL | \$ 34,500 | TOTAL | \$ 34,500 |

REMARKS

REMARKS

SCHOOL ATTESTATION

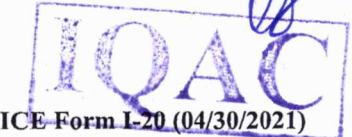
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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.

X Catherine Donahue **DATE ISSUED** 06 March 2023 **PLACE ISSUED** St. Louis, MO
SIGNATURE OF: Catherine Donahue, 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.

X
SIGNATURE OF: John Subhani Pathan **DATE**
NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
AUTONOMOUS
NARASARAOPET, 522 601
Guntur (Dist.), A.P.

18-560

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: N0034576436

| | | |
|---|---|---|
| SURNAME/PRIMARY NAME Yeruva | GIVEN NAME Tejaswini | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Tejaswini Yeruva | PASSPORT NAME Yeruva Tejaswini | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Vipparlapalli, Andhra Pradesh | DATE OF BIRTH 15 SEPTEMBER 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|---|
| SCHOOL NAME The University of Southern Mississippi Hattiesburg Campus | SCHOOL ADDRESS 118 College Drive, #5151, Hattiesburg, MS 39406 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Shannon Cole Assistant Director, English Language Institute | SCHOOL CODE AND APPROVAL DATE NOL214F00112000 29 AUGUST 2002 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 12 JULY 2023 |
| START OF CLASSES 21 AUGUST 2023 | PROGRAM START/END DATE 11 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|-------------------------------------|---------------|
| Tuition and Fees | \$ 11,616 | Personal Funds | \$ 0 |
| Living Expenses | \$ 13,183 | Funds From This School | \$ 0 |
| Expenses of Dependents (0) | \$ 0 | Father: Ravindra Nadha Reddy Yeruva | \$ 26,803 |
| Student Health Insurance | \$ 2,004 | On-Campus Employment | \$ 0 |
| TOTAL | \$ 26,803 | TOTAL | 26,803 |

REMARKS

Students are expected to arrive by the Program Start Date, August 11, 2023. Fees subject to change. NOTE: All F-1 students are required to purchase and maintain university sponsored health insurance.

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.

X Shannon Cole **DATE ISSUED** 02 June 2023 **PLACE ISSUED** Hattiesburg, MS

SIGNATURE OF: Shannon Cole, Assistant Director, English Language Institute

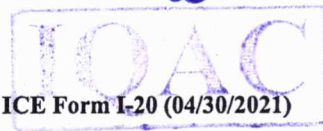
STUDENT ATTESTATION

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: Tejaswini Yeruva **DATE** _____

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



[Signature]
PRINCIPAL Page 1 of 3
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601
Guntur (Dist.), A.P.

18-566 2347069731

SEVIS ID: N0034060952

| | | |
|---|--|---|
| SURNAME/PRIMARY NAME Chilakala | GIVEN NAME Kavya Sudhanjali | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Kavya Sudhanjali Chilakala | PASSPORT NAME Chilakala Kavya Sudhanjali | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 09 OCTOBER 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME St. Cloud State University St. Cloud State University | SCHOOL ADDRESS 720 Fourth Avenue, South, Center for International Studies, St. Cloud, MN 56301 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Leslie Starrett Assistant Dir. of Int'l Recruitment and Admissions | SCHOOL CODE AND APPROVAL DATE SPM214F00271000 16 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 16 JULY 2023 |
| START OF CLASSES 21 AUGUST 2023 | PROGRAM START/END DATE 15 AUGUST 2023 - 21 MAY 2026 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 14,554 | Personal Funds | \$ 0 |
| Living Expenses | \$ 10,428 | University Scholarship | \$ 3,703 |
| Expenses of Dependents (0) | \$ 0 | Yallamanda Rao Chilakala | \$ 54,239 |
| Insurance, books and supplies | \$ 4,952 | On-Campus Employment | \$ |
| TOTAL | \$ 29,934 | TOTAL | \$ 57,942 |

REMARKS

Purchase of University Health Insurance is required annually. Check-in and orientation attendance is required in order to be eligible for scholarship.

SCHOOL ATTESTATION

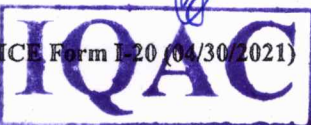
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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.

| | | |
|--|-------------------------------------|--------------------------------------|
| SIGNATURE OF: Leslie Starrett, Assistant Dir. of Int'l Recruitment and Admissions | DATE ISSUED 07 March 2023 | PLACE ISSUED St. Cloud, MN |
|--|-------------------------------------|--------------------------------------|

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.

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



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
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NARASARAOPET - 522 601
Guntur (Dist.), A.P.

18471A0571

SEVIS ID: N0033594606

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Gowru | GIVEN NAME Rajesh | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Rajesh Gowru | PASSPORT NAME Gowru Rajesh | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Macherla | DATE OF BIRTH 28 MARCH 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME Rowan University Rowan University | SCHOOL ADDRESS 201 MULLICA HILL RD # 119, Internatic Center, Robinson Hall, GLASSBORO, NJ 08028 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Shannon Hurley International Student Advisor | SCHOOL CODE AND APPROVAL DATE NEW214F00278000 06 AUGUST 2002 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 31 JULY 2023 |
| START OF CLASSES 05 SEPTEMBER 2023 | PROGRAM START/END DATE 30 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 12 MONTHS | | STUDENT'S FUNDING FOR: 12 MONTHS | |
|--|------------------|----------------------------------|------------------|
| Tuition and Fees | \$ 16,800 | Personal Funds | \$ 0 |
| Living Expenses | \$ 14,175 | Funds From This School | \$ 0 |
| Expenses of Dependents (0) | \$ 0 | Father | \$ 48,315 |
| Personal expenses, books, insurance | \$ 4,550 | On-Campus Employment | \$ 0 |
| TOTAL | \$ 35,525 | TOTAL | \$ 48,315 |

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.

X Shannon Hurley **DATE ISSUED** 09 February 2023 **PLACE ISSUED** GLASSBORO, NJ
SIGNATURE OF: Shannon Hurley, International Student Advisor

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



18-585

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: N0034044965

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Mallavarapu | GIVEN NAME Tharun | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Tharun Mallavarapu | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Narsaraopet | DATE OF BIRTH 05 APRIL 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME UNIVERSITY OF CENTRAL MISSOURI Missouri Innovation Campus | SCHOOL ADDRESS 1101 Innovation Parkway, LEES SUMMIT, MO 64086 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Jeffrey Couch International Student Advisor | SCHOOL CODE AND APPROVAL DATE KAN214F00100001 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 15 JULY 2023 |
| START OF CLASSES 14 AUGUST 2023 | PROGRAM START/END DATE 14 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|--|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 9,589 | Personal Funds | \$ 0 |
| Living Expenses | \$ 9,699 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ 0 | Family | \$ 21,800 |
| Health Insurance and additional Progra | \$ 2,512 | On-Campus Employment | \$ |
| TOTAL | \$ 21,800 | TOTAL | \$ 21,800 |

REMARKS

Mandatory orientation for enrollment begins August 7, 2023.

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 14 March 2023 | PLACE ISSUED LEES SUMMIT, MO |
| SIGNATURE OF: Jeffrey Couch, International Student Advisor | | |

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




PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601
Guntur (Dist), A.P.

18-501

SEVIS ID: N0033303396

| | | |
|---|--|---|
| SURNAME/PRIMARY NAME Alla | GIVEN NAME Tarun Reddy | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Tarun Reddy Alla | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Guntur | DATE OF BIRTH 26 JULY 2001 | |
| FORM ISSUE REASON Transfer Pending - UNIVERSITY OF WEST GEORGIA | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME Northern Arizona University Northern Arizona University | SCHOOL ADDRESS Center for International Education, Blome, Rm 200, Bldg. 2, P.O. Box 5598, Flagstaff, AZ 86011 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Britta Cadzow International Student Coordinator | SCHOOL CODE AND APPROVAL DATE PHO214F00090000 24 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--------------------------------|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE |
| START OF CLASSES 20 JANUARY 2023 | PROGRAM START/END DATE 20 JANUARY 2023 - 13 DECEMBER 2024 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 29,360 | Personal Funds | \$ 34,853 |
| Living Expenses | \$ 11,728 | International Excellence Award | \$ 10,000 |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ 0 |
| books, insurance | \$ 3,765 | On-Campus Employment | \$ 0 |
| TOTAL | \$ 44,853 | TOTAL | \$ 44,853 |

REMARKS

Fees subject to change and do not include summer/personal costs.

SCHOOL ATTESTATION

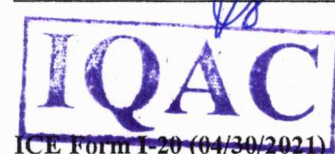
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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"/> <i>Britta Cadzow</i> | DATE ISSUED 20 January 2023 | PLACE ISSUED Flagstaff, AZ |
| SIGNATURE OF: Britta Cadzow, International Student Coordinator | | |

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



PRINCIPAL
NARASARAO PETA ENGINEERING COLLEGE
(AUTONOMOUS) Page 1 of 3
NARASARAO PETA - 522 601
Guntur (Dist.), A.P.

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: N0034255464

| | | |
|---|--|---|
| SURNAME/PRIMARY NAME Akurathi | GIVEN NAME Bala Keerthimai | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Bala Keerthimai Akurathi | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 20 APRIL 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME University of Cincinnati University of Cincinnati | SCHOOL ADDRESS 2600 Clifton Avenue, Cincinnati, OH 45221 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Ashley Albrinck Advvisor, International Services | SCHOOL CODE AND APPROVAL DATE CLE214F10355000 27 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| 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 22 JULY 2023 |
| START OF CLASSES 21 AUGUST 2023 | PROGRAM START/END DATE 21 AUGUST 2023 - 09 AUGUST 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 12 MONTHS | | STUDENT'S FUNDING FOR: 12 MONTHS | |
|--|------------------|----------------------------------|------------------|
| Tuition and Fees | \$ 26,894 | Personal Funds | \$ 0 |
| Living Expenses | \$ 22,984 | Scholarship | \$ 18,724 |
| Expenses of Dependents (0) | \$ | Family | \$ 33,603 |
| Health Insurance | \$ 2,449 | On-Campus Employment | \$ |
| TOTAL | \$ 52,327 | TOTAL | \$ 52,327 |

REMARKS

I-20 has been electronically issued per SEVP guidance.

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.

X Ashley Albrinck **DATE ISSUED** 12 April 2023 **PLACE ISSUED** Cincinnati, OH

SIGNATURE OF: Ashley Albrinck, Advvisor, International Services

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: Bala Keerthimai Akurathi **DATE**

X **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPETA - 522 601
Guntur (Dist.), A.P.

18-02

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: N0034567161

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME CHITLA | GIVEN NAME Ravi Kishore | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Ravi Kishore CHITLA | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 26 MAY 1999 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|---|
| SCHOOL NAME Texas A&M University-Kingsville Texas A&M University-Kingsville | SCHOOL ADDRESS MSC 176, 700 University Blvd, Kingsville, TX 78363 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Samantha Hernandez International Student Advisor | SCHOOL CODE AND APPROVAL DATE HLG214F00031000 21 NOVEMBER 2002 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 16 JULY 2023 |
| START OF CLASSES 21 AUGUST 2023 | PROGRAM START/END DATE 15 AUGUST 2023 - 31 AUGUST 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|--|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 14,344 | Personal Funds | \$ 0 |
| Living Expenses | \$ 12,104 | Funds From This School | \$ 0 |
| Expenses of Dependents (0) | \$ 0 | Family Funds | \$ 30,189 |
| Books & TAMUS Student Health Insurance | \$ 3,741 | On-Campus Employment | \$ 0 |
| TOTAL | \$ 30,189 | TOTAL | \$ 30,189 |

REMARKS

Mandatory International Student Orientation August 15, 2023. Tuition & Fees subject to change. TAMUS Student Health Insurance required for each semester enrolled. School is not operating entirely online. ID# K00529466

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.

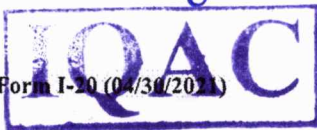
SIGNATURE OF: Samantha Hernandez, International Student Advisor **DATE ISSUED:** 01 June 2023 **PLACE ISSUED:** Kingsville, TX

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.

SIGNATURE OF: Ravi Kishore CHITLA **DATE**

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



ICE Form I-20 (04/30/2011)

PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601
Guntur (Dist.), A.P.

18471A05E9
9381942270

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: N0034105586

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Kodari | GIVEN NAME Sri Varshitha | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 31 JULY 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |
| | | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME University of Bridgeport University of Bridgeport | SCHOOL ADDRESS International Center for Students and Scholars, 126 Park Ave., G-level, Bridgeport, CT 06604 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Basma Shaham International Admissions Officer | SCHOOL CODE AND APPROVAL DATE BOS214F10145000 02 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 31 JULY 2023 |
| START OF CLASSES 05 SEPTEMBER 2023 | PROGRAM START/END DATE 30 AUGUST 2023 - 01 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 22,060 | Personal Funds | \$ 37,600 |
| Living Expenses | \$ 16,350 | Academic Merit Award; | \$ 3,000 |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ |
| 7d Insurance | \$ 2,190 | On-Campus Employment | \$ |
| TOTAL | \$ 40,600 | TOTAL | \$ 40,600 |

REMARKS

Semester costs are due at registration. Expect a 3-5% increase in costs. I-20 issued and signed electronically due to COVID-19 per SEVP guidance.

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.

X Basma Shaham **DATE ISSUED** 16 March 2023 **PLACE ISSUED** Bridgeport, CT
SIGNATURE OF: Basma Shaham, International Admissions Officer

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: Sri Varshitha Kodari **DATE**
NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**



ICE Form I-20 (04/30/2021)

PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
Page 1 of 3
NARASARAOPETA - 522 601
Guntur (Dist.) A.P.

18471A05G7

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: N0034540862

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Sanagala | GIVEN NAME Sai Mahesh | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Sai Mahesh Sanagala | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Sankavarappadu | DATE OF BIRTH 08 APRIL 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME Texas State University Texas State University | SCHOOL ADDRESS Thornton International House, 601 University Drive, San Marcos, TX 78666 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Sam Lawrence Student Development Specialist I | SCHOOL CODE AND APPROVAL DATE SNA214F00331000 29 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 22 JULY 2023 |
| START OF CLASSES 21 AUGUST 2023 | PROGRAM START/END DATE 21 AUGUST 2023 - 30 MAY 2026 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 12 MONTHS | | STUDENT'S FUNDING FOR: 12 MONTHS | |
|--|------------------|----------------------------------|---------------|
| Tuition and Fees | \$ 15,600 | Personal Funds | \$ 0 |
| Living Expenses | \$ 22,500 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ | Family Funds | \$ 38,100 |
| Other | \$ | On-Campus Employment | \$ |
| TOTAL | \$ 38,100 | TOTAL | 38,100 |

REMARKS

Students must REPORT TO the DSO upon admission into the U.S. but no later than the Initial Session Start Date listed on this Form I-20. Report to the DSO by completing: 1) ISSS Immigration Check-in and related workshops and 2) Academic Advising including related New Student Orientation. Failure to report to the DSO may result in the loss of your student status and subject you to deportation. Contact DSO, call Texas State ISSS at 512-245-7966 or University Police (after 5pm CST) at 512-245-2805.

SCHOOL ATTESTATION

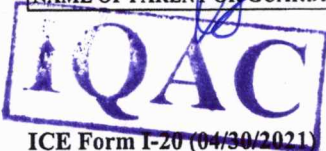
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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 26 May 2023 | PLACE ISSUED San Marcos, TX |
| SIGNATURE OF: Sam Lawrence, Student Development Specialist I | | |

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



PRINCIPAL
NARASARAJETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAJETA - 522 601
Guntur (Dist.) A.P.

6303620865
18-520
-520

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: N0034395133

| | | |
|--|---|---|
| SURNAME/PRIMARY NAME Yanamala | GIVEN NAME Arun Kumar | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Arun Kumar Yanamala | PASSPORT NAME Yanamala Arun Kumar | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Phirangipuram | DATE OF BIRTH 10 APRIL 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME University of New Hampshire University of New Hampshire - Manchester | SCHOOL ADDRESS 88 COMMERCIAL ST, MANCHESTER, NH 03101 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Rachael Upham SEVIS Coordinator | SCHOOL CODE AND APPROVAL DATE BOS214F00434001 03 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| 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 29 JULY 2023 |
| START OF CLASSES 28 AUGUST 2023 | PROGRAM START/END DATE 28 AUGUST 2023 - 01 SEPTEMBER 2026 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 12 MONTHS | | STUDENT'S FUNDING FOR: 12 MONTHS | |
|--|------------------|----------------------------------|------------------|
| Tuition and Fees | \$ 17,805 | Personal Funds | \$ 0 |
| Living Expenses | \$ 19,382 | Funds From This School | \$ 0 |
| Expenses of Dependents (0) | \$ | Family Funds | \$ 42,724 |
| Misc. & Health Insurance | \$ 5,537 | On-Campus Employment | \$ 0 |
| TOTAL | \$ 42,724 | TOTAL | \$ 42,724 |

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.

| | | |
|---|-----------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Rachael Upham <small>Digitally signed by Rachael Upham Date: 2023.05.03 12:12:28 -04'00'</small> | DATE ISSUED 03 May 2023 | PLACE ISSUED MANCHESTER, NH |
| SIGNATURE OF: Rachael Upham, SEVIS Coordinator | | |

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



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPETA - 521 601
GUNTUR (Dist.) A.P.

B. Rishith
 630 284 6736
 18-512

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: N0034739658

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Bandanadham | GIVEN NAME Rishith | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Rishith Bandanadham | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 17 AUGUST 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|---|
| SCHOOL NAME Saint Louis University Saint Louis University | SCHOOL ADDRESS One Grand Boulevard, DuBourg Hall, St. Louis, MO 63103 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Ryan Stoeckel International Admission Counselor | SCHOOL CODE AND APPROVAL DATE KAN214F10192000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 18 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 17 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 18,000 | Personal Funds | \$ 32,500 |
| Living Expenses | \$ 16,500 | Scholarship | \$ 1,000 |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ 0 |
| Other | \$ 0 | On-Campus Employment | \$ 1,000 |
| TOTAL | \$ 34,500 | TOTAL | \$ 34,500 |

REMARKS

Student must report to university within 7 days of program start date on I-20 or I-20 will be void.

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.

X Ryan Stoeckel **DATE ISSUED** 17 July 2023 **PLACE ISSUED** St. Louis, MO
 SIGNATURE OF: Ryan Stoeckel, International Admission Counselor

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



PRINCIPAL
 NARASARAOPETA ENGINEERING COLLEGE
 (AUTONOMOUS)
 NARASARAOPETA - 522 003
 Guntur (Dist.), A.P.

18471A05J8
9949962603

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: N0034230363

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Kakarla | GIVEN NAME Yamini Lakshmi Priyanka | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Yamini Lakshmi Priyanka Kakarla | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Guntur | DATE OF BIRTH 26 MARCH 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME UNIVERSITY OF CENTRAL MISSOURI Missouri Innovation Campus | SCHOOL ADDRESS 1101 Innovation Parkway, LEES SUMMIT, MO 64086 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Philip Hull Director, International Student Services | SCHOOL CODE AND APPROVAL DATE KAN214F00100001 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 15 JULY 2023 |
| START OF CLASSES 14 AUGUST 2023 | PROGRAM START/END DATE 14 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|--|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 9,962 | Personal Funds | \$ 0 |
| Living Expenses | \$ 10,206 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ 0 | Family | \$ 22,680 |
| Health Insurance and additional Progra | \$ 2,512 | On-Campus Employment | \$ |
| TOTAL | \$ 22,680 | TOTAL | \$ 22,680 |

REMARKS

Mandatory orientation for enrollment begins August 7, 2023.

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.

| | | |
|--|-------------------------------------|--|
| X <i>Philip R Hull</i> | DATE ISSUED 11 April 2023 | PLACE ISSUED LEES SUMMIT, MO |
| SIGNATURE OF: Philip Hull, Director, International Student Services | | |

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: Yamini Lakshmi Priyanka Kakarla | DATE | |
| | X | |
| NAME OF PARENT OR GUARDIAN | SIGNATURE | ADDRESS (city/state or province/country) DATE |



[Signature]
PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPETA 522 601
Guntur (Dist.), A.P.
Page 1 of 3

18-5144

VIS ID: N0034189169

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Kondamudi | GIVEN NAME Mithra | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Mithra Kondamudi | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 22 NOVEMBER 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME Southeast Missouri State University Southeast Missouri State University | SCHOOL ADDRESS 1 UNIVERSITY PLZ, International Education and Services, MS 2000, CAPE GIRARDEAU, MO 63701 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Hannah Weathers International Student Counselor | SCHOOL CODE AND APPROVAL DATE KAN214F10266000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 15 JULY 2023 |
| START OF CLASSES 21 AUGUST 2023 | PROGRAM START/END DATE 14 AUGUST 2023 - 10 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|-----------------------------------|------------------|
| Tuition and Fees | \$ 11,939 | Personal Funds | \$ 0 |
| Living Expenses | \$ 9,838 | INTERNATIONAL STUDENT SCHOLARSHIP | \$ 1,000 |
| Expenses of Dependents (0) | \$ | Family Funds | \$ 21,777 |
| Other | \$ | On-Campus Employment | \$ |
| TOTAL | \$ 21,777 | TOTAL | \$ 22,777 |

REMARKS

INTERNATIONAL STUDENT SCHOLARSHIP with full time enrollment (subject to terms & pending verification by Student Financial Services).

SCHOOL ATTESTATION

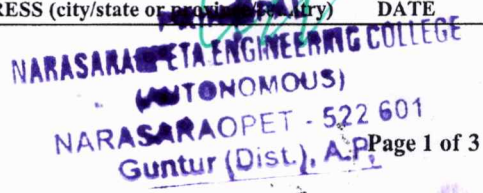
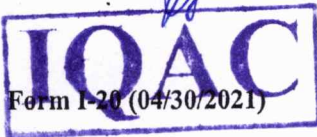
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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.

X Hannah Weathers **DATE ISSUED** 31 March 2023 **PLACE ISSUED** CAPE GIRARDEAU, MO
SIGNATURE OF: Hannah Weathers, International Student Counselor

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



18471A05NB, Ph.no: - 7180701

Passport ID: N0034089157

| | | |
|--|---|---|
| NAME/PRIMARY NAME Guntupalli | GIVEN NAME Raghavendra Rama Subbamma Roshni | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Raghavendra Rama Subbamma Roshni Guntupalli | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Hyderabad | DATE OF BIRTH 17 AUGUST 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME University of Cincinnati University of Cincinnati | SCHOOL ADDRESS 2600 Clifton Avenue, Cincinnati, OH 45221 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Ashley Albrinck Advsior, International Services | SCHOOL CODE AND APPROVAL DATE CLE214F10355000 27 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| 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 22 JULY 2023 |
| START OF CLASSES 21 AUGUST 2023 | PROGRAM START/END DATE 21 AUGUST 2023 - 09 AUGUST 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 12 MONTHS | | STUDENT'S FUNDING FOR: 12 MONTHS | |
|--|------------------|----------------------------------|------------------|
| Tuition and Fees | \$ 26,894 | Personal Funds | \$ 0 |
| Living Expenses | \$ 22,984 | Scholarship | \$ 12,483 |
| Expenses of Dependents (0) | \$ | Family | \$ 39,844 |
| Health Insurance | \$ 2,449 | On-Campus Employment | \$ |
| TOTAL | \$ 52,327 | TOTAL | \$ 52,327 |

REMARKS

I-20 has been electronically issued per SEVP guidance.

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.

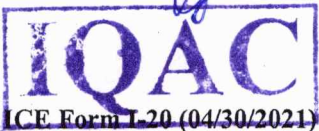
SIGNATURE OF: Ashley Albrinck, Advsior, International Services
DATE ISSUED: 24 March 2023
PLACE ISSUED: Cincinnati, OH

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.

SIGNATURE OF: Raghavendra Rama Subbamma Roshni Guntupalli
DATE

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



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601
Guntur (Dist.), A.P.

Page 1 of 3

19471A0503

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: N0035102497

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Bezawada | GIVEN NAME Srikanth | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 26 JUNE 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME University of Bridgeport University of Bridgeport | SCHOOL ADDRESS International Center for Students and Scholars, 126 Park Ave., G-level, Bridgeport, CT 06604 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Alyssa Peters International Admissions Officer | SCHOOL CODE AND APPROVAL DATE BOS214F10145000 02 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 03 DECEMBER 2023 |
| START OF CLASSES 08 JANUARY 2024 | PROGRAM START/END DATE 02 JANUARY 2024 - 01 JANUARY 2026 | |

FINANCIALS

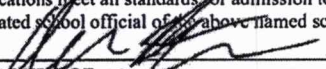
| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 22,060 | Personal Funds | \$ 37,600 |
| Living Expenses | \$ 16,350 | Academic Merit Award; | \$ 3,000 |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ |
| 7d Insurance | \$ 2,190 | On-Campus Employment | \$ |
| TOTAL | \$ 40,600 | TOTAL | \$ 40,600 |

REMARKS

Semester costs are due at registration. Expect a 3-5% increase in costs.

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.

X  **DATE ISSUED** 05 December 2023 **PLACE ISSUED** Bridgeport, CT

SIGNATURE OF: Alyssa Peters, International Admissions Officer

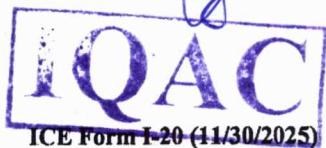
STUDENT ATTESTATION


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: Srikanth Bezawada **DATE**

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




PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS) Page 1 of 3
NARASARAOPETA - 522 601,
Guntur (Dist.), A.P.

19471A0507
8522057333

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: N0034568665

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Challa | GIVEN NAME Chandana | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Chandana Challa | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Sattenapalli | DATE OF BIRTH 12 DECEMBER 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|---|
| SCHOOL NAME New Jersey Institute of Technology New Jersey Institute of Technology | SCHOOL ADDRESS 323 DR MARTIN LUTHER KING JR BLVD, NEWARK NJ 07102 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Yolanda Sharese Hardaway International Student Data Coordinator | SCHOOL CODE AND APPROVAL DATE NEW214F00245000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 06 AUGUST 2023 |
| START OF CLASSES 05 SEPTEMBER 2023 | PROGRAM START/END DATE 05 SEPTEMBER 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|--|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 34,326 | Personal Funds | 0 |
| Living Expenses | \$ 12,200 | Funds From This School | |
| Expenses of Dependents (0) | \$ | Sponsor (Father) | 57,278 |
| Miscellaneous (including health insura | \$ 10,752 | On-Campus Employment | \$ |
| TOTAL | \$ 57,278 | TOTAL | \$ 57,278 |

REMARKS

SCHOOL ATTESTATION

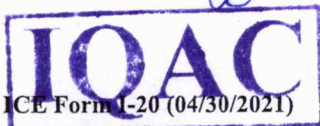
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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.

X Yolanda Sharese Hardaway **DATE ISSUED** 01 June 2023 **PLACE ISSUED** NEWARK, NJ
SIGNATURE OF: Yolanda Sharese Hardaway, International Student Data Coordinator

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: Chandana Challa **DATE**
NAME OF PARENT OR GUARDIAN **SIGNATURE** X **ADDRESS (city/state or province/country)** **DATE**



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPETA - 522 601
Guntur (Dist.), A.P.

19471A0512
7330079159

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: N0034925510

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Chundi | GIVEN NAME Yamini Priya | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Yamini Priya Chundi | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Tenali | DATE OF BIRTH 29 APRIL 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|---|
| SCHOOL NAME Florida Atlantic University Boca Raton | SCHOOL ADDRESS Florida Atlantic University, 777 Glades Road, Boca Raton, FL 33431 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Myrtha Senat Administrative Paraprofessional, ISS | SCHOOL CODE AND APPROVAL DATE MIA214F00308000 03 SEPTEMBER 2002 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 07 DECEMBER 2023 |
| START OF CLASSES 06 JANUARY 2024 | PROGRAM START/END DATE 06 JANUARY 2024 - 19 DECEMBER 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 12 MONTHS | | STUDENT'S FUNDING FOR: 12 MONTHS | |
|--|------------------|----------------------------------|------------------|
| Tuition and Fees | \$ 18,483 | Personal Funds | 0 |
| Living Expenses | \$ 24,046 | Funds From This School | |
| Expenses of Dependents (0) | \$ | Family Funds | \$ 45,629 |
| Books, Supplies, and Mandatory Medical | \$ 3,100 | On-Campus Employment | \$ |
| TOTAL | \$ 45,629 | TOTAL | \$ 45,629 |

REMARKS

Student must comply with the mandatory insurance requirement prior to enrollment of courses. Student must complete check-in upon arrival and attend immigration orientation. International student information is available at <http://www.fau.edu/iss>

SCHOOL ATTESTATION

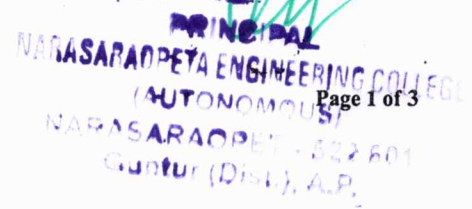
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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 4.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X Myrtha Senat **DATE ISSUED** 09 October 2023 **PLACE ISSUED** Boca Raton, FL
SIGNATURE OF: Myrtha Senat, Administrative Paraprofessional, ISS

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: Yamini Priya Chundi **DATE**
SIGNATURE X
NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**



19471A0514
D. Hemanth Kumar

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: N0034680677

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Darsi | GIVEN NAME Hemanth Kumar | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Hemanth Kumar Darsi | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 21 JULY 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|---|
| SCHOOL NAME Saint Louis University Saint Louis University | SCHOOL ADDRESS One Grand Boulevard, DuBourg Hall, St. Louis, MO 63103 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Miriam Voigt | SCHOOL CODE AND APPROVAL DATE KAN214F10192000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 18 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 17 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|---------------|
| Tuition and Fees | \$ 18,000 | Personal Funds | \$ 0 |
| Living Expenses | \$ 16,500 | Scholarship | \$ 1,000 |
| Expenses of Dependents (0) | \$ 0 | Family Funding | \$ 32,500 |
| Other | \$ 0 | On-Campus Employment | \$ 1,000 |
| TOTAL | \$ 34,500 | TOTAL | 34,500 |

REMARKS

Student must report to university within 7 days of program start date on I-20 or I-20 will be void

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.

X Miriam Voigt **DATE ISSUED** 27 June 2023 **PLACE ISSUED** St. Louis, MO

SIGNATURE OF: Miriam Voigt, DSO

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: Hemanth Kumar Darsi **DATE**

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



NARASARAO PETRA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAO PET - 522 601.
Guntur (Dist), AP

SEVIS ID: N0034562825

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Desaboina | GIVEN NAME Susmitha | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Susmitha Desaboina | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 08 FEBRUARY 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME Lewis University Lewis University-Main Campus | SCHOOL ADDRESS International Student Services Office, One University Parkway, Romeoville, IL 60446 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Tyler King Director, International Admissions | SCHOOL CODE AND APPROVAL DATE CHI214F11210000 08 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 15 JULY 2023 |
| START OF CLASSES 28 AUGUST 2023 | PROGRAM START/END DATE 14 AUGUST 2023 - 29 JULY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 12 MONTHS | | STUDENT'S FUNDING FOR: 12 MONTHS | |
|--|------------------|----------------------------------|------------------|
| Tuition and Fees | \$ 16,200 | Personal Funds | \$ 0 |
| Living Expenses | \$ 11,000 | Funds From This School | \$ 0 |
| Expenses of Dependents (0) | \$ 0 | Family Sponsor | \$ 30,000 |
| Health Insurance | \$ 1,800 | On-Campus Employment | \$ 0 |
| TOTAL | \$ 29,000 | TOTAL | \$ 30,000 |

REMARKS

SCHOOL ATTESTATION

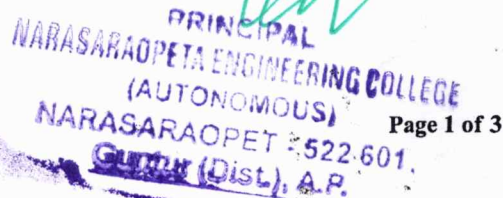
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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.

| | | |
|---|------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> <i>Tyler King</i> | DATE ISSUED 02 June 2023 | PLACE ISSUED Romeoville, IL |
| SIGNATURE OF: Tyler King, Director, International Admissions | | |

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



VIS ID: N0034600479

| | | |
|--|---|---|
| SURNAME/PRIMARY NAME Galam | GIVEN NAME Anjani Sudheer | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Anjani Sudheer Galam | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 31 JANUARY 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME Lewis University Lewis University-Main Campus | SCHOOL ADDRESS International Student Services Office, One University Parkway, Romeoville, IL 60446 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Laura Hosford Yunker International Recruitment and Enrollment Specialist | SCHOOL CODE AND APPROVAL DATE CHI214F11210000 08 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Data Modeling/Warehousing and Database Administration 11.0802 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 15 JULY 2023 |
| START OF CLASSES 28 AUGUST 2023 | PROGRAM START/END DATE 14 AUGUST 2023 - 25 JULY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 12 MONTHS | | STUDENT'S FUNDING FOR: 12 MONTHS | |
|--|------------------|----------------------------------|------------------|
| Tuition and Fees | \$ 16,200 | Personal Funds | \$ 43,000 |
| Living Expenses | \$ 11,000 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ | Funds From Another Source | \$ |
| Health Insurance | \$ 1,800 | On-Campus Employment | \$ |
| TOTAL | \$ 29,000 | TOTAL | \$ 43,000 |

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.

X Laura Hosford Yunker **DATE ISSUED** 08 June 2023 **PLACE SIGNED** Romeoville, IL
SIGNATURE OF: Laura Hosford Yunker, International Recruitment and Enrollment Specialist

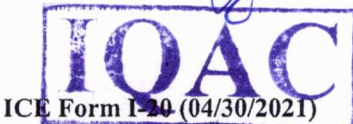
STUDENT ATTESTATION

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.**

X

SIGNATURE OF: Anjani Sudheer Galam **DATE** _____

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



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE Page 1 of 3
 (AUTONOMOUS)
 NARASARAOPET - 522 601,
 Guntur (Dist.), A.P.

SEVIS ID: N0034783308

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Karnati | GIVEN NAME Venkata Sai Abhigna | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 24 MAY 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME University of Bridgeport University of Bridgeport | SCHOOL ADDRESS International Center for Students and Scholars, 126 Park Ave., G-level, Bridgeport, CT 06604 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Karla Lafferty International Admissions Officer | SCHOOL CODE AND APPROVAL DATE BOS214F10145000 02 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 31 JULY 2023 |
| START OF CLASSES 05 SEPTEMBER 2023 | PROGRAM START/END DATE 30 AUGUST 2023 - 01 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 22,060 | Personal Funds | \$ 37,600 |
| Living Expenses | \$ 16,350 | Academic Merit Award; | \$ 3,000 |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ |
| 7d Insurance | \$ 2,190 | On-Campus Employment | \$ |
| TOTAL | \$ 40,600 | TOTAL | \$ 40,600 |

REMARKS

Semester costs are due at registration. Expect a 3-5% increase in costs.

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 03 August 2023 | PLACE ISSUED Bridgeport, CT |
| SIGNATURE OF: Karla Lafferty, International Admissions Officer | | |

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



19u71A0529.
K. Gopichand.

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: N0034483658

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Katta | GIVEN NAME Gopichand | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Gopichand Katta | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 22 JUNE 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|---|
| SCHOOL NAME Webster University Webster University | SCHOOL ADDRESS Office of International Services, 4 East Lockwood Ave, St. Louis, MO 63119 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Blerina Polovina Director of International Admission and Services | SCHOOL CODE AND APPROVAL DATE KAN214F10197000 04 FEBRUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Mathematics and Statistics, Other 27.9999 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 15 JULY 2023 |
| START OF CLASSES 14 AUGUST 2023 | PROGRAM START/END DATE 14 AUGUST 2023 - 20 DECEMBER 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 17,520 | Personal Funds | \$ 0 |
| Living Expenses | \$ 9,373 | 15% tuition discount | \$ 2,628 |
| Expenses of Dependents (0) | \$ 0 | Parent | \$ 54,372 |
| Health insurance | \$ 1,124 | On-Campus Employment | \$ |
| TOTAL | \$ 28,017 | TOTAL | \$ 57,000 |

REMARKS

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.

X Blerina Polovina **DATE ISSUED** 17 May 2023 **PLACE ISSUED** St. Louis, MO

SIGNATURE OF: Blerina Polovina, Director of International Admission and Services

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: Gopichand Katta **DATE**

X

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



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601
Guntur (Dist.), A.P.

Study with us

Your offer

18 December 2023

Dear Venkatesh

We are delighted to have made you an offer, to study at the University of Hertfordshire. Our offer is subject to the terms set out below and the other documents sent with this offer.

Your details

Full name Venkatesh Sattenapalli
University ID number 23030670

Your course

The details of the course on which we are offering you a place are set out below; please check them carefully and let us know immediately if you believe there is anything wrong. You can do this by replying to our email quoting the University ID number (23030670).

Course title MSc Data Science
(Sandwich) with Sandwich
Placement

Course code PMDSME

Point of entry Year 1

Mode of study Full time

Place of study UH Hatfield Campus

Start date January 2024

Length of course 2 Years

We will advise you of your precise start date nearer the time



Postgraduate Masters Taught International Conditional Offer

Mr. Gopi Tammisetti
9-104, B.C. Colony, Madala Village
Palnadu
Andhra Pradesh
522403
India

19-56)

Student ID:14639854

JK

Date: 12 October 2023

Dear Mr. Tammisetti,

Application Decision

Coventry University, Coventry University London, CU Coventry, CU London and CU Scarborough come together to form part of the Coventry University Group (the "University") with all degrees awarded by Coventry University.

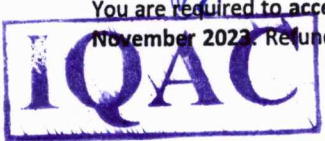
With reference to your application to study at the University, we are delighted to offer you a place on the following course which is conditional on the 'offer conditions' detailed below being met:-

| | |
|--|--|
| Course Title | MSc Computer Science (RQF Level 7) |
| Location | Coventry University |
| Award on Successful Completion | MSc |
| Stage of Entry | Stage 1 |
| Academic Course Start Date | 15 January 2024 |
| Usual Course Duration | 1 Year |
| Total Anticipated Tuition Fees per Academic Stage/Year of the Course | £20,050 as advertised for the 2023/2024 Academic Year [use your student ID as a payment reference] |
| 1st Tuition Fee Payment for the first Academic Stage(the Deposit to secure your place) | £8000.00 to be received by the University as part of your offer conditions. On meeting your other offer conditions and by paying this Deposit, you formally accept your offer of a place with the University. |
| Remaining Tuition payment for the Academic Stage/Year | £12,050 to be received by the University by the payment deadlines detailed in the <u>Tuition Fee Terms and Conditions</u> . 50% of remaining tuition fees to be received by the University before 15 th March 2024(TBC). Remaining balance to be received by the University before 15 th May 2024(TBC). See details in the <u>Tuition Fee Terms and Conditions</u> on our website. |
| Scholarship/Tuition Award (subject to eligibility) | These are awarded based on specific requirements and are subject to eligibility . Please note final confirmation of any awards/scholarships will be confirmed on your CAS statement. *if awarded, this is only valid for your first year of study at the University* |
| Estimated Living Expenses (based on UKVI Guidance)[<u>UKVI Student Route Policy Guidance</u>] | Estimated at £1023.00 per month |

We regularly review our course content, to make it relevant and current for the benefit of our students. Please check the current online course pages to read about the course on which you are being offered a Conditional place.

Offer Conditions

You are required to accept your offer and pay the £8000 deposit to secure your place onto the course by 17th November 2023. Refunds may be given if you are refused a student visa (subject to the University Policy and



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPETA - 522 601
Guntur (Dist.), A.P.

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6303270549

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: N0034260135

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Gogula | GIVEN NAME Kaivalya | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Kaivalya Gogula | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Repalle | DATE OF BIRTH 19 APRIL 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME New Jersey Institute of Technology New Jersey Institute of Technology | SCHOOL ADDRESS 323 DR MARTIN LUTHER KING JR BLVD, NEWARK, NJ 07102 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Yolanda Sharese Hardaway International Student Data Coordinator | SCHOOL CODE AND APPROVAL DATE NEW214F00245000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL B.S. | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 06 AUGUST 2023 |
| START OF CLASSES 05 SEPTEMBER 2023 | PROGRAM START/END DATE 05 SEPTEMBER 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|--|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 34,326 | Personal Funds | \$ 0 |
| Living Expenses | \$ 12,200 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ | Sponsor (Father) | \$ 57,278 |
| Miscellaneous (including health insura | \$ 10,752 | On-Campus Employment | \$ |
| TOTAL | \$ 57,278 | TOTAL | \$ 57,278 |

REMARKS

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. I am a designated school official of the above named school and am authorized to issue this form.

SIGNATURE OF: Yolanda Sharese Hardaway, International Student Data Coordinator **DATE ISSUED:** 12 April 2023 **PLACE ISSUED:** NEWARK, NJ

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.**

SIGNATURE OF: Kaivalya Gogula **DATE:**

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

ICE Form I-20 (04/30/2021)



Page 1 of 3
PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601,
Guntur (Dist.), A.P.

19471A0594

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: N0034966335

| | | |
|--|---|---|
| SURNAME/PRIMARY NAME Kothamaddi | GIVEN NAME Anki Reddy | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Anki Reddy Kothamaddi | PASSPORT NAME Kothamaddi Anki Reddy | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Kesanupalli | DATE OF BIRTH 18 DECEMBER 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|---|
| SCHOOL NAME Auburn University at Montgomery Auburn University at Montgomery | SCHOOL ADDRESS P. O. Box 244023, Montgomery, AL 36124 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL JoLynn Alexander Streip International Education Coordinator | SCHOOL CODE AND APPROVAL DATE ATL214F01486000 23 AUGUST 2002 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 04 DECEMBER 2023 |
| START OF CLASSES 08 JANUARY 2024 | PROGRAM START/END DATE 03 JANUARY 2024 - 15 DECEMBER 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 19,143 | Personal Funds | \$ 48,092 |
| Living Expenses | \$ 8,360 | Merit Scholarship | \$ 5,000 |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ 0 |
| Insurance and Books | \$ 2,650 | On-Campus Employment | \$ 0 |
| TOTAL | \$ 30,153 | TOTAL | \$ 53,092 |

REMARKS

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.

X JoLynn Alexander Streip DATE ISSUED 20 October 2023 PLACE ISSUED Montgomery, AL

SIGNATURE OF: JoLynn Alexander Streip, International Education Coordinator

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: Anki Reddy Kothamaddi DATE

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



ICE Form I-20 (11/30/2025)

PRINCIPAL *[Signature]*
Page 1 of 3
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 001
Guntur (Dist.), A.P.

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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: N0034752343

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Mallipeddi | GIVEN NAME Sneha Ananya | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 24 NOVEMBER 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME University of Bridgeport University of Bridgeport | SCHOOL ADDRESS International Center for Students and Scholars, 126 Park Ave., G-level, Bridgeport, CT 06604 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Mariel Beteta International Admissions Officer | SCHOOL CODE AND APPROVAL DATE BOS214F10145000 02 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 31 JULY 2023 |
| START OF CLASSES 05 SEPTEMBER 2023 | PROGRAM START/END DATE 30 AUGUST 2023 - 01 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 22,060 | Personal Funds | \$ 36,600 |
| Living Expenses | \$ 16,350 | Academic Merit Award; | \$ 4,000 |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ |
| 7d Insurance | \$ 2,190 | On-Campus Employment | \$ |
| TOTAL | \$ 40,600 | TOTAL | \$ 40,600 |

REMARKS

Semester costs are due at registration. Expect a 3-5% increase in costs.

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 21 July 2023 | PLACE ISSUED Bridgeport, CT |
| SIGNATURE OF: Mariel Beteta, International Admissions Officer | | |


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



ICE Form I-20 (11/30/2025)


PRINCIPAL
 NARASARAOPETA ENGINEERING COLLEGE
 (AUTONOMOUS)
 NARASARAOPETA - 522 509
 Guntur (Dist.), A.P.

SEVIS ID: N0034476154

| | | |
|---|---|--|
| <p>SURNAME/PRIMARY NAME Pullamsetty</p> <p>PREFERRED NAME Sri Jyothirmal Pullamsetty</p> <p>COUNTRY OF BIRTH INDIA</p> <p>CITY OF BIRTH Narasaraopet</p> <p>FORM ISSUE REASON INITIAL ATTENDANCE</p> | <p>GIVEN NAME Sri Jyothirmal</p> <p>PASSPORT NAME</p> <p>COUNTRY OF CITIZENSHIP INDIA</p> <p>DATE OF BIRTH 10 MARCH 2002</p> <p>ADMISSION NUMBER</p> | <p>Class of Admission</p> <h1 style="font-size: 2em; margin: 0;">F-1</h1> <p>ACADEMIC AND LANGUAGE</p> |
|---|---|--|

SCHOOL INFORMATION

| | |
|--|---|
| <p>SCHOOL NAME Northwest Missouri State University Northwest Missouri State University</p> <p>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Anthony Christian International Involvement Specialist</p> | <p>SCHOOL ADDRESS Northwest Missouri State University, 800 University Drive, Maryville, MO 64468</p> <p>SCHOOL CODE AND APPROVAL DATE KAN214F00394000 24 JANUARY 2003</p> |
|--|---|

PROGRAM OF STUDY

| | | |
|---|---|---|
| <p>EDUCATION LEVEL MASTER'S</p> <p>PROGRAM ENGLISH PROFICIENCY Required</p> <p>START OF CLASSES 21 AUGUST 2023</p> | <p>MAJOR 1 Computer and Information Sciences, General 11.0101</p> <p>ENGLISH PROFICIENCY NOTES Student is proficient</p> <p>PROGRAM START/END DATE 12 AUGUST 2023 - 08 AUGUST 2025</p> | <p>MAJOR 2 None 00.0000</p> <p>EARLIEST ADMISSION DATE 13 JULY 2023</p> |
|---|---|---|

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|--|------------------|
| Tuition and Fees | \$ 9,189 | Personal Funds | \$ 0 |
| Living Expenses | \$ 5,500 | CS/IS Graduate Achievement Scholarship | \$ 500 |
| Expenses of Dependents (0) | \$ 0 | Family | \$ 15,668 |
| Health Insurance | \$ 1,479 | On-Campus Employment | \$ 0 |
| TOTAL | \$ 16,168 | TOTAL | \$ 16,168 |

REMARKS

Arrival Days: August 12th & 13th, 2023. Tuition, scholarships, & fees are based on 9 credit hours/term. These items are estimates ONLY, dependent on credit hours enrolled, & subject to change. First semester tuition is due upon arrival. All international students are enrolled in the university sourced medical insurance. Students are required to follow CDC guidelines for international travel and will be enrolled in classes according to SEVP guidelines.

SCHOOL ATTESTATION

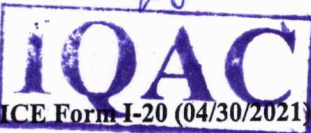
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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 | PLACE ISSUED |
| SIGNATURE OF: Anthony Christian, International Involvement Specialist | 16 May 2023 | Maryville, MO |

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.**

| | | |
|---|------------------------------|---|
| <p><i>P. Sri Jyothirmal</i></p> <p>SIGNATURE OF: Sri Jyothirmal Pullamsetty</p> | <p>23/8/2023</p> <p>DATE</p> | |
| <p><i>[Signature]</i></p> <p>NAME OF PARENT OR GUARDIAN</p> | <p>X</p> <p>SIGNATURE</p> | <p>ADDRESS (city/state or province/country)</p> |
| | | <p>DATE</p> |



PRINCIPAL
 NARASARAOPETA ENGINEERING COLLEGE (AUTONOMOUS)
 NARASARAOPET - 522 601
 Guntur (Dist.), A.P.

194711A0509 CO

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: N0034956252

| | | |
|--|---|---|
| SURNAME/PRIMARY NAME Chalapathi | GIVEN NAME Mounika Sai Sree | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Mounika Sai Sree Chalapathi | PASSPORT NAME Chalapathi Mounika Sai Sree | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH GUNTUR | DATE OF BIRTH 28 FEBRUARY 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME Kennesaw State University Kennesaw State University | SCHOOL ADDRESS 480 BARTOW AVE NW, Suite 5625, MD 4804, KENNESAW, GA 30144 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kristina Guinn Associate Director, International Student & Scholar Services | SCHOOL CODE AND APPROVAL DATE ATL214F00582000 23 SEPTEMBER 2002 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 09 DECEMBER 2023 |
| START OF CLASSES 08 JANUARY 2024 | PROGRAM START/END DATE 08 JANUARY 2024 - 07 JANUARY 2026 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|--|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 20,524 | Personal Funds | \$ 60,096 |
| Living Expenses | \$ 14,931 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ | Funds From Another Source | \$ |
| books, breaks, insurance, supplies, tr | \$ 10,837 | On-Campus Employment | \$ |
| TOTAL | \$ 46,292 | TOTAL | \$ 60,096 |

REMARKS

Fees subject to change. Student must complete mandatory orientation and check in upon arrival. Health insurance is mandatory at all times. If student travels abroad a DSO signature is required for re-entry. Work authorization is mandatory on the I-20 prior to the start date. Contact information: +1-470-578-6336 (business hours) or +1-470-578-6666 (after hours emergencies), ISSS@kennesaw.edu

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 quali 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 design official of the above named school and am authorized to issue this form.

SIGNATURE OF: Kristina Guinn, Associate Director, International Student & Scholar Services

DATE ISSUED: 18 October 2023

PLACE ISSUED: KENNESAW, GA

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.**

SIGNATURE OF: Mounika Sai Sree Chalapathi

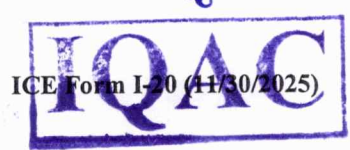
DATE:

NAME OF PARENT OR GUARDIAN:

SIGNATURE:

ADDRESS (city/state or province/country):

DATE:



Page 1 of 3
PRINCIPAL
 NARASARAOPETA ENGINEERING COLLEGE
 (AUTONOMOUS)
 NARASARAOPET - 5
 Guntur (Dist.), A.P.

19471A05C2
7337097227

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: N0035050122

| | | |
|---|---|---|
| SURNAME/PRIMARY NAME Sidhapureddy | GIVEN NAME Bhanu Prakash Reddy | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Bhanu Prakash Reddy Sidhapureddy | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 26 SEPTEMBER 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME Concordia University Concordia University Wisconsin | SCHOOL ADDRESS 12800 North Lake Shore Drive, Mequon, WI 53097 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Amber Schiessl Assistant Director of International Admissions Operations | SCHOOL CODE AND APPROVAL DATE CHI214F20439000 17 SEPTEMBER 2002 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Information Technology 11.0103 | MAJOR 2 Computer and Information Sciences, General 11.0101 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 05 FEBRUARY 2024 |
| START OF CLASSES 11 MARCH 2024 | PROGRAM START/END DATE 06 MARCH 2024 - 30 OCTOBER 2026 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 15,120 | Personal Funds | \$ 30,320 |
| Living Expenses | \$ 12,700 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ |
| Books/Health Insurance | \$ 2,500 | On-Campus Employment | \$ |
| TOTAL | \$ 30,320 | TOTAL | \$ 30,320 |

REMARKS

Student has submitted a non-refundable tuition deposit. Concordia University does not use standardized testing (GRE/GMAT) as an academic competence measure.

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.

Amber Schiessl **DATE ISSUED** 15 November 2023 **PLACE ISSUED** Mequon, WI

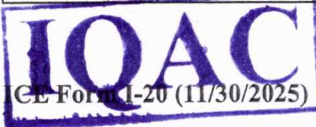
SIGNATURE OF Amber Schiessl, Assistant Director of International Admissions Operations

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.**

Bhanu Prakash Reddy Sidhapureddy **DATE**

SIGNATURE **ADDRESS (city/state or province/country)** **DATE**



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601,
Guntur (Dist.), A.P.

19471A0SEJ

SEVIS ID: N0034163142

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Gopalam | GIVEN NAME Ramya | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Ramya Gopalam | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Boppudi | DATE OF BIRTH 29 DECEMBER 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|---|
| SCHOOL NAME Northwest Missouri State University Northwest Missouri State University | SCHOOL ADDRESS Northwest Missouri State University, 800 University Drive, Maryville, MO 64468 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Anthony Christian International Involvement Specialist | SCHOOL CODE AND APPROVAL DATE KAN214F00394000 24 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 13 JULY 2023 |
| START OF CLASSES 21 AUGUST 2023 | PROGRAM START/END DATE 12 AUGUST 2023 - 08 AUGUST 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|--|------------------|
| Tuition and Fees | \$ 9,189 | Personal Funds | \$ 15,668 |
| Living Expenses | \$ 5,500 | CS/IS Graduate Achievement Scholarship | \$ 500 |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ 0 |
| Health Insurance | \$ 1,479 | On-Campus Employment | \$ 0 |
| TOTAL | \$ 16,168 | TOTAL | \$ 16,168 |

REMARKS

Arrival Days: August 12th & 13th, 2023. Tuition, scholarships, & fees are based on 9 credit hours/term. These items are estimates ONLY, dependent on credit hours enrolled, & subject to change. First semester tuition is due upon arrival. All international students are enrolled in the university sourced medical insurance. Students are required to follow CDC guidelines for international travel and will be enrolled in classes according to SEVP guidelines.

SCHOOL ATTESTATION

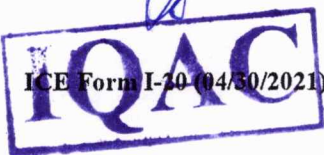
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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"/> <i>Anthony Christian</i> | DATE ISSUED 27 March 2023 | PLACE ISSUED Maryville, MO |
| SIGNATURE OF: Anthony Christian, International Involvement 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.

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



Page 1 of 3
PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601
Guntur (Dist.), A.P.

19471A05E6

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: N0034057264

| | | |
|---|--|---|
| SURNAME/PRIMARY NAME Gujjarlapudi | GIVEN NAME Velangini Karthik | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Velangini Karthik Gujjarlapudi | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 05 AUGUST 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME Gannon University Gannon University | SCHOOL ADDRESS 109 University Square, Erie, PA 16541 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Lynne Wright Administrative Secretary, Global Admissions & Outreach | SCHOOL CODE AND APPROVAL DATE PHI214F10228000 16 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Artificial Intelligence 11.0102 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Not Required | ENGLISH PROFICIENCY NOTES ON-CAMPUS ESL WILL BE PROVIDED IF NEEDED. | EARLIEST ADMISSION DATE 24 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 23 AUGUST 2023 - 10 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 22,360 | Personal Funds | 0 |
| Living Expenses | \$ 7,000 | International Award | 3,000 |
| Expenses of Dependents (0) | \$ | Family | \$ 59,934 |
| Books and Health Insurance | \$ 1,480 | On-Campus Employment | \$ |
| TOTAL | \$ 30,840 | TOTAL | \$ 62,934 |

REMARKS

THE GRE/GMAT TEST IS NOT REQUIRED FOR ADMISSION PER INDUSTRY AND PROJECT BASED REQUIREMENTS; STUDENT HAS RECEIVED AN INTERNATIONAL AWARD OF \$1,500.00 TO BE DEDUCTED FROM TUITION AND FEES PER SEMESTER REGISTERED FOR EACH SEMESTER OF FULL-TIME ENROLLMENT.

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.

X *[Signature]* **DATE ISSUED** 07 March 2023 **PLACE ISSUED** Erie, PA

SIGNATURE OF: Lynne Wright, Administrative Secretary, Global Admissions & Outreach

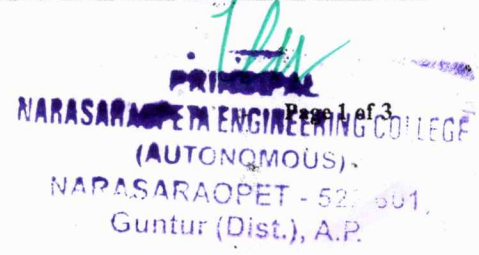
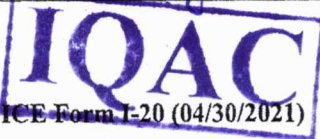
STUDENT ATTESTATION

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: Velangini Karthik Gujjarlapudi **DATE**

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



SEVIS ID: N0034577740

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Jakkula | GIVEN NAME Suryanarayana | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Suryanarayana Jakkula | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 18 MAY 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME Gannon University Gannon University | SCHOOL ADDRESS 109 University Square, Erie, PA 16541 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Desirae Scott Assistant Coordinator | SCHOOL CODE AND APPROVAL DATE PHI214F10228000 16 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Information Technology 11.0103 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Not Required | ENGLISH PROFICIENCY NOTES ON-CAMPUS ESL WILL BE PROVIDED IF NEEDED | EARLIEST ADMISSION DATE 24 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 23 AUGUST 2023 - 10 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 22,360 | Personal Funds | \$ 60,541 |
| Living Expenses | \$ 7,000 | International Award | \$ 3,000 |
| Expenses of Dependents (0) | \$ | Funds From Another Source | \$ |
| Books and Insurance | \$ 1,480 | On-Campus Employment | \$ |
| TOTAL | \$ 30,840 | TOTAL | \$ 63,541 |

REMARKS

THE GRE/GMAT TEST IS NOT REQUIRED FOR ADMISSION PER INDUSTRY AND PROJECT BASED REQUIREMENTS; STUDENT HAS RECEIVED AN INTERNATIONAL AWARD OF \$1,500.00 TO BE DEDUCTED FROM TUITION AND FEES PER SEMESTER REGISTERED FOR EACH SEMESTER OF FULL-TIME ENROLLMENT.

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.

X Desirae Scott **DATE ISSUED** 03 June 2023 **PLACE ISSUED** Erie, PA
SIGNATURE OF: Desirae Scott, Assistant Coordinator

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 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 to DHS and its agents as 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: Suryanarayana Jakkula **DATE**
NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601
Guntur (Dist.), A.P.

19471A05F0
9100883888



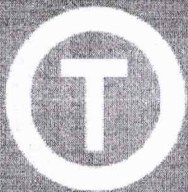
SRM

UNIVERSITY AP

Andhra Pradesh

Neerukonda - Kuragallu Village Mangalagiri Mand...
Guntur District, Andhra Pradesh-522240. Phone: +91-863-2343000

School of Engineering and Sciences



JIDUGU NAGA PAVAN KUMAR

M.Tech.

CYBER SECURITY

AP23122050001

2023-2025



MARASARAJETA ENGINEERING COLLEGE

(AUTONOMOUS)

MARASARAJETA

19471A05F2

K. Kasi Srilekha
9121671023

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: N0034894349

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Kanaka | GIVEN NAME Kasi Srilekha | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Kasi Srilekha Kanaka | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Guntur | DATE OF BIRTH 08 MARCH 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME UNIVERSITY OF CENTRAL MISSOURI Missouri Innovation Campus | SCHOOL ADDRESS 1101 Innovation Parkway, LEES SUMMIT, MO 64086 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Franklin Cochran International Student Advisor | SCHOOL CODE AND APPROVAL DATE KAN214F00100001 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 09 DECEMBER 2023 |
| START OF CLASSES 08 JANUARY 2024 | PROGRAM START/END DATE 08 JANUARY 2024 - 31 DECEMBER 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|--|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 9,962 | Personal Funds | \$ 22,975 |
| Living Expenses | \$ 10,206 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ |
| Health Insurance and additional Progra | \$ 2,807 | On-Campus Employment | \$ |
| TOTAL | \$ 22,975 | TOTAL | \$ 22,975 |

REMARKS

Mandatory orientation for enrollment begins January 2, 2024.

SCHOOL ATTESTATION

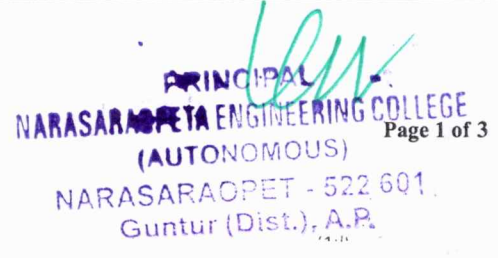
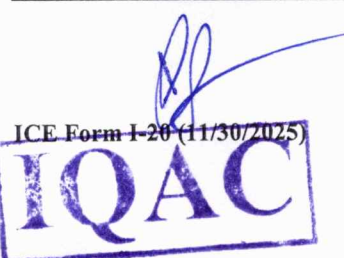
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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"/> | <u>Franklin Cochran</u> | DATE ISSUED 02 October 2023 | PLACE ISSUED LEES SUMMIT, MO |
| SIGNATURE OF: Franklin Cochran, International Student Advisor | | | |

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"/> | <u>Kasi Srilekha Kanaka</u> | DATE |
| SIGNATURE OF: Kasi Srilekha Kanaka | | |
| NAME OF PARENT OR GUARDIAN | SIGNATURE | ADDRESS (city/state or province/country) DATE |



SEVIS ID: N0034642349

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Malempati | GIVEN NAME Naveen | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Naveen Malempati | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 25 JUNE 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME Lewis University Lewis University-Main Campus | SCHOOL ADDRESS International Student Services Office, One University Parkway, Romeoville, IL 60446 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Katherine Shim Designated School Official | SCHOOL CODE AND APPROVAL DATE CHI214F11210000 08 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Data Modeling/Warehousing and Database Administration 11.0802 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 15 JULY 2023 |
| START OF CLASSES 28 AUGUST 2023 | PROGRAM START/END DATE 14 AUGUST 2023 - 25 JULY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 12 MONTHS | | STUDENT'S FUNDING FOR: 12 MONTHS | |
|--|------------------|----------------------------------|------------------|
| Tuition and Fees | \$ 16,200 | Personal Funds | \$ 0 |
| Living Expenses | \$ 11,000 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ | Family Sponsor | \$ 56,000 |
| Health Insurance | \$ 1,800 | On-Campus Employment | \$ |
| TOTAL | \$ 29,000 | TOTAL | \$ 56,000 |

REMARKS

SCHOOL ATTESTATION

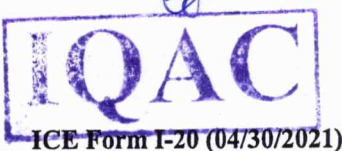
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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.

| | | |
|---|------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> <i>Katherine Shim</i> | DATE ISSUED 16 June 2023 | PLACE ISSUED Romeoville, IL |
| SIGNATURE OF: Katherine Shim, Designated School Official | | |

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



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPETA - 522 601
Guntur (Dist.), A.P.

N. Nireekshana

19471A0540

9908078108

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: N0034962489

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Nandigam | GIVEN NAME Nireekshana | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Nireekshana Nandigam | PASSPORT NAME Nireekshana Nandigam | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Narasaraopet, Andhra Pradesh | DATE OF BIRTH 20 NOVEMBER 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME Avila University Avila University | SCHOOL ADDRESS 11901 Wornall Road, Kansas City, MO 64145 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Monica Lomax Registration Specialist | SCHOOL CODE AND APPROVAL DATE KAN214F00029000 10 SEPTEMBER 2002 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Business Administration and Management, General 52.0201 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 09 DECEMBER 2023 |
| START OF CLASSES 08 JANUARY 2024 | PROGRAM START/END DATE 08 JANUARY 2024 - 31 DECEMBER 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 12 MONTHS | | STUDENT'S FUNDING FOR: 12 MONTHS | |
|--|------------------|----------------------------------|------------------|
| Tuition and Fees | \$ 10,800 | Personal Funds | \$ 22,164 |
| Living Expenses | \$ 9,255 | Scholarship | \$ 2,500 |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | 0 |
| Insurance, Books, Fees | \$ 4,609 | On-Campus Employment | |
| TOTAL | \$ 24,664 | TOTAL | \$ 24,664 |

REMARKS

REMARKS

SCHOOL ATTESTATION

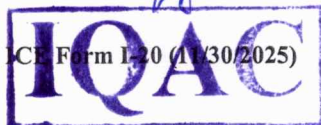
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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.

| | | |
|--|---------------------------------------|--|
| <input checked="" type="checkbox"/> Monica Lomax <small>Digitally signed by Monica Lomax DN: cn=Monica Lomax, o=Avila University, ou=International Student Services, email=mlomax@avila.edu, c=US Date: 2023.10.19 15:46:57 -0500</small> | DATE ISSUED 19 October 2023 | PLACE ISSUED Kansas City, MO |
| SIGNATURE OF: Monica Lomax, Registration 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.**

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



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPETA
Guntur (DIST), A.P.
Page 1 of 3

19471A058908 SHH

~~G. Rajan Sullana~~

9010058908

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: N0034531559

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Nelluri | GIVEN NAME Joshna | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Joshna Nelluri | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Gurazala | DATE OF BIRTH 04 MAY 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME New Jersey Institute of Technology New Jersey Institute of Technology | SCHOOL ADDRESS 323 DR MARTIN LUTHER KING JR BLVD, NEWARK, NJ 07102 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Yolanda Sharese Hardaway International Student Data Coordinator | SCHOOL CODE AND APPROVAL DATE NEW214F00245000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Data Science, General 30.7001 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 06 AUGUST 2023 |
| START OF CLASSES 05 SEPTEMBER 2023 | PROGRAM START/END DATE 05 SEPTEMBER 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|--|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 34,326 | Personal Funds | \$ 0 |
| Living Expenses | \$ 12,200 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ | Sponsor (Father) | \$ 57,278 |
| Miscellaneous (including health insura | \$ 10,752 | On-Campus Employment | \$ |
| TOTAL | \$ 57,278 | TOTAL | \$ 57,278 |

REMARKS

SCHOOL ATTESTATION

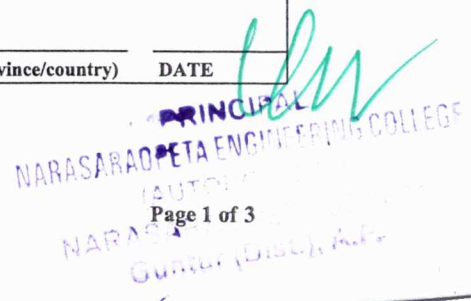
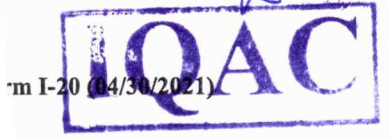
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken in 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 named school official of the above named school and am authorized to issue this form.

| | | |
|---|-----------------------------------|-----------------------------------|
| SIGNATURE OF: Yolanda Sharese Hardaway, International Student Data Coordinator | DATE ISSUED 24 May 2023 | PLACE ISSUED NEWARK, NJ |
|---|-----------------------------------|-----------------------------------|

STUDENT ATTESTATION

I 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 is 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.**

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



19471A05H4

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: N0034399087

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Rajanala | GIVEN NAME Siva Kalyan Babu | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 30 NOVEMBER 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME University of Bridgeport University of Bridgeport | SCHOOL ADDRESS International Center for Students and Scholars, 126 Park Ave., G-level, Bridgeport, CT 06604 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Mariel Beteta International Admissions Officer | SCHOOL CODE AND APPROVAL DATE BOS214F10145000 02 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 31 JULY 2023 |
| START OF CLASSES 05 SEPTEMBER 2023 | PROGRAM START/END DATE 30 AUGUST 2023 - 01 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 22,060 | Personal Funds | \$ 40,600 |
| Living Expenses | \$ 16,350 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ |
| 7d Insurance | \$ 2,190 | On-Campus Employment | \$ |
| TOTAL | \$ 40,600 | TOTAL | \$ 40,600 |

REMARKS

Semester costs are due at registration. Expect a 3-5% increase in costs.

SCHOOL ATTESTATION

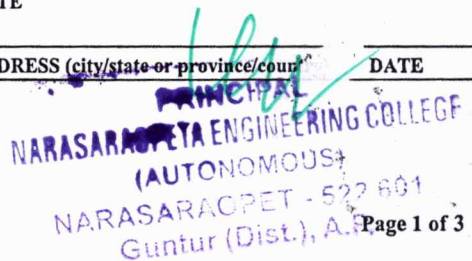
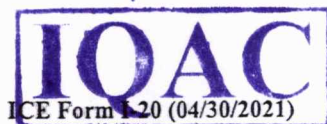
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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.

X *Mariel Beteta* **DATE ISSUED** 04 May 2023 **PLACE ISSUED** Bridgeport, CT
SIGNATURE OF: Mariel Beteta, International Admissions Officer

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: Siva Kalyan Babu Rajanala **DATE**
NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**



19471A0529

SEVIS ID: N0034579579

| | | |
|--|---|---|
| SURNAME/PRIMARY NAME Thota | GIVEN NAME Madhuri | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Madhuri Thota | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Macherla | DATE OF BIRTH 12 JANUARY 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME New Jersey Institute of Technology New Jersey Institute of Technology | SCHOOL ADDRESS 323 DR MARTIN LUTHER KING JR BLVD, NEWARK, NJ 07102 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Yolanda Sharese Hardaway International Student Data Coordinator | SCHOOL CODE AND APPROVAL DATE NEW214F00245000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Data Science, General 30.7001 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 06 AUGUST 2023 |
| START OF CLASSES 05 SEPTEMBER 2023 | PROGRAM START/END DATE 05 SEPTEMBER 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|--|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 34,326 | Personal Funds | \$ 0 |
| Living Expenses | \$ 12,200 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ | Sponsor (Father) | \$ 57,278 |
| Miscellaneous (including health insura | \$ 10,752 | On-Campus Employment | \$ |
| TOTAL | \$ 57,278 | TOTAL | \$ 57,278 |

REMARKS

SCHOOL ATTESTATION

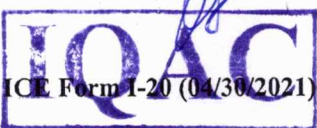
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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.

| | | |
|---|------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> <i>Yolanda Sharese Hardaway</i> | DATE ISSUED 04 June 2023 | PLACE ISSUED NEWARK, NJ |
| SIGNATURE OF: Yolanda Sharese Hardaway, International Student Data Coordinator | | |

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



BRINJAL
NARASARAJU ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAJU PET - 522 501
Guntur (Dist), A.P.

19471A05JO

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: N0035020504

| | | |
|--|---|---|
| SURNAME/PRIMARY NAME Tumma | GIVEN NAME Prasanth Reddy | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Prasanth Reddy Tumma | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 01 JANUARY 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

| | |
|--|--|
| SCHOOL INFORMATION | |
| SCHOOL NAME Youngstown State University Youngstown | SCHOOL ADDRESS One University Plaza, Youngstown, OH 44555 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Michael Billock International Student and Scholar Advisor | SCHOOL CODE AND APPROVAL DATE CLE214F00413000 08 JANUARY 2003 |

| | | |
|--|---|--|
| PROGRAM OF STUDY | | |
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Programming/Programmer, General 11.0201 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 04 DECEMBER 2023 |
| START OF CLASSES 08 JANUARY 2024 | PROGRAM START/END DATE 03 JANUARY 2024 - 31 DECEMBER 2025 | |

| | |
|---|--|
| FINANCIALS | |
| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | STUDENT'S FUNDING FOR: 9 MONTHS |
| Tuition and Fees \$ 10,330 | Personal Funds \$ 0 |
| Living Expenses \$ 10,016 | Funds From This School \$ |
| Expenses of Dependents (0) \$ | Family Funds \$ 22,805 |
| Books, supplies and health insurance \$ 2,459 | On-Campus Employment \$ |
| TOTAL \$ 22,805 | TOTAL \$ 22,805 |

REMARKS
Student is required to attend the mandatory International Student Orientation upon arrival to YSU. Health insurance is required.

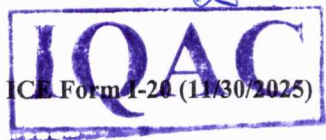
SCHOOL ATTESTATION
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, 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.

X Michael Billock **DATE ISSUED** 07 November 2023 **PLACE ISSUED** Youngstown, OH
SIGNATURE OF: Michael Billock, International Student and Scholar Advisor

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.**

SIGNATURE OF: Prasanth Reddy Tumma **DATE**

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



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601.
Guntur (Dist.), A.P.

19471A05J2

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: N0034531689

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Vemula | GIVEN NAME Durga Rao | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Durga Rao Vemula | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Macherla | DATE OF BIRTH 05 FEBRUARY 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME New Jersey Institute of Technology New Jersey Institute of Technology | SCHOOL ADDRESS 323 DR MARTIN LUTHER KING JR BLVD, NEWARK, NJ 07102 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Yolanda Sharese Hardaway International Student Data Coordinator | SCHOOL CODE AND APPROVAL DATE NEW214F00245000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Data Science, General 30.7001 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 06 AUGUST 2023 |
| START OF CLASSES 05 SEPTEMBER 2023 | PROGRAM START/END DATE 05 SEPTEMBER 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|--|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 34,326 | Personal Funds | \$ 0 |
| Living Expenses | \$ 12,200 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ | Sponsor (Father) | \$ 57,278 |
| Miscellaneous (including health insura | \$ 10,752 | On-Campus Employment | \$ |
| TOTAL | \$ 57,278 | TOTAL | \$ 57,278 |

REMARKS

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.

| | | |
|---|-----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> <i>Yolanda Sharese Hardaway</i> | DATE ISSUED 24 May 2023 | PLACE ISSUED NEWARK, NJ |
| SIGNATURE OF: Yolanda Sharese Hardaway, International Student Data Coordinator | | |

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



ICE Form I-20 (04/30/2021)

PRINCIPAL
NARASARAPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAPETA - 522 601
Guntur (Dist.), A.P.

IS ID: N0034481725

| | | |
|--|---|---|
| NAME/PRIMARY NAME Yarramreddy | GIVEN NAME Lakshmi Priya | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Lakshmi Priya Yarramreddy | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 31 JANUARY 2003 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

| | |
|--|--|
| SCHOOL INFORMATION | |
| SCHOOL NAME University of New Haven University of New Haven | SCHOOL ADDRESS 300 Boston Post Road, West Haven, CT 06516 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Elisa Medina Coordinator of University Immigration Services | SCHOOL CODE AND APPROVAL DATE BOS214F10096000 16 JANUARY 2003 |

| | | |
|--|---|--|
| PROGRAM OF STUDY | | |
| EDUCATION LEVEL MASTER'S | MAJOR 1 Information Science/Studies 11.0401 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 23 JULY 2023 |
| START OF CLASSES 28 AUGUST 2023 | PROGRAM START/END DATE 22 AUGUST 2023 - 31 MAY 2025 | |

| ESTIMATED AVERAGE COSTS FOR: 12 MONTHS | | STUDENT'S FUNDING FOR: 12 MONTHS | |
|--|------------------|----------------------------------|------------------|
| Tuition and Fees | \$ 18,990 | Personal Funds | \$ 0 |
| Living Expenses | \$ 15,000 | Dean's Scholarship | \$ 1,899 |
| Expenses of Dependents (0) | \$ | Family Funds | \$ 34,796 |
| Grad fees, Health Insurance, Books | \$ 2,705 | On-Campus Employment | \$ |
| TOTAL | \$ 36,695 | TOTAL | \$ 36,695 |

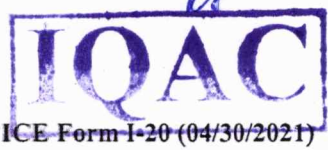
REMARKS
Please report to University Immigration Services and complete immigration check-in upon arrival.

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.

| | | |
|---|-----------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> | DATE ISSUED 17 May 2023 | PLACE ISSUED West Haven, CT |
| SIGNATURE OF: Elisa Medina, Coordinator of University Immigration Services | | |

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



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS) Page 1 of 3
NARASARAOPET - 522 601
Guntur (Dist.), A.P.

19471A05J6
70 75843 958

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: N0034390053

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Akkenapalli | GIVEN NAME Phani Kumar | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 13 AUGUST 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME University of Bridgeport University of Bridgeport | SCHOOL ADDRESS International Center for Students and Scholars, 126 Park Ave., G-level, Bridgeport, CT 06604 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Karla Lafferty International Admissions Officer | SCHOOL CODE AND APPROVAL DATE BOS214F10145000 02 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 31 JULY 2023 |
| START OF CLASSES 05 SEPTEMBER 2023 | PROGRAM START/END DATE 30 AUGUST 2023 - 01 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 22,060 | Personal Funds | \$ 37,600 |
| Living Expenses | \$ 16,350 | Academic Merit Award; | \$ 3,000 |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ |
| 7d Insurance | \$ 2,190 | On-Campus Employment | \$ |
| TOTAL | \$ 40,600 | TOTAL | \$ 40,600 |

REMARKS

Semester costs are due at registration. Expect a 3-5% increase in costs.

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.

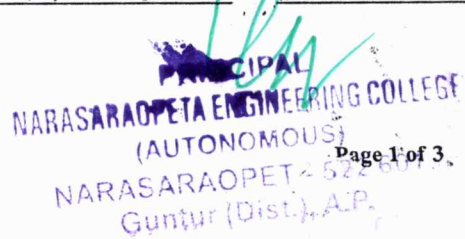
Karla Lafferty **DATE ISSUED** 03 May 2023 **PLACE ISSUED** Bridgeport, CT
SIGNATURE OF: Karla Lafferty, International Admissions Officer

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.

SIGNATURE OF: Phani Kumar Akkenapalli **DATE** _____

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



19-5K6

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: N0034547149

| | | |
|--|---|---|
| SURNAME/PRIMARY NAME Chinnam | GIVEN NAME Shanmukha Chakravarthy | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 01 MARCH 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME University of Bridgeport University of Bridgeport | SCHOOL ADDRESS International Center for Students and Scholars, 126 Park Ave., G-level, Bridgeport, CT 06604 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Nicole Graham Assistant Director of International Admissions | SCHOOL CODE AND APPROVAL DATE BOS214F10145000 02 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 31 JULY 2023 |
| START OF CLASSES 05 SEPTEMBER 2023 | PROGRAM START/END DATE 30 AUGUST 2023 - 01 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 22,060 | Personal Funds | \$ 37,600 |
| Living Expenses | \$ 16,350 | Academic Merit Award; | \$ 3,000 |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ |
| 7d Insurance | \$ 2,190 | On-Campus Employment | \$ |
| TOTAL | \$ 40,600 | TOTAL | \$ 40,600 |

REMARKS

Semester costs are due at registration. Expect a 3-5% increase in costs.

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.

X Nicole Graham **DATE ISSUED** 27 May 2023 **PLACE ISSUED** Bridgeport, CT
SIGNATURE OF: Nicole Graham, Assistant Director of International Admissions

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: Shanmukha Chakravarthy Chinnam **DATE**
NAME OF PARENT OR GUARDIAN X **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**



ICE Form I-20 (04/30/2021)

PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE (Page 1 of 3)
(AUTONOMOUS)
NARASARAOPETA - 517 601,
Guntur (Dist.), A.P.

19971 A05M2

SEVIS ID: N0034576158

| | | |
|---|--|---|
| SURNAME/PRIMARY NAME Kallam | GIVEN NAME Krishna Chaitanya Reddy | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Krishna Chaitanya Reddy Kallam | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 04 JUNE 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

| | |
|--|---|
| SCHOOL INFORMATION | |
| SCHOOL NAME Saint Louis University Saint Louis University | SCHOOL ADDRESS One Grand Boulevard, DuBourg Hall, St. Louis, MO 63103 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Rebecca Bahan Designation School Official | SCHOOL CODE AND APPROVAL DATE KAN214F10192000 17 JANUARY 2003 |

| | | |
|--|---|--|
| PROGRAM OF STUDY | | |
| EDUCATION LEVEL BACHELOR'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 18 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 17 AUGUST 2023 - 31 MAY 2025 | |

| | |
|--|--|
| FINANCIALS | |
| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | STUDENT'S FUNDING FOR: 9 MONTHS |
| Tuition and Fees \$ 18,000 | Personal Funds \$ 0 |
| Living Expenses \$ 16,500 | Funds From This School \$ 0 |
| Expenses of Dependents (0) \$ 0 | Father \$ 33,500 |
| Other \$ 0 | On-Campus Employment \$ 1,000 |
| TOTAL \$ 34,500 | TOTAL \$ 34,500 |

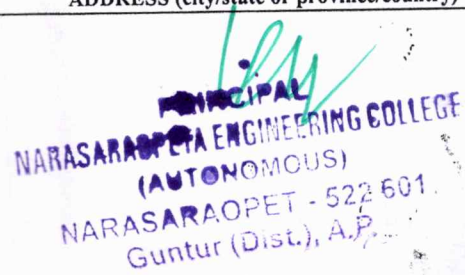
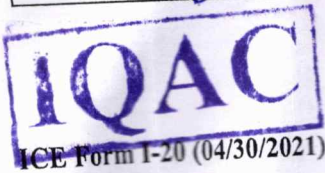
REMARKS
Student must report to university within 7 days of program start date on I-20 or I-20 will be void

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 in 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X Rebecca Bahan **DATE ISSUED** 02 June 2023 **PLACE ISSUED** St. Louis, MO
SIGNATURE OF: Rebecca Bahan, Designation School Official

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: Krishna Chaitanya Reddy Kallam **DATE**
NAME OF PARENT OR GUARDIAN X **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**



Roll NO: 19471A05M4

Ph NO: 6305484108

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: N0034643829

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME KANDULA | GIVEN NAME VENGAMAMBA | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME VENGAMAMBA KANDULA | PASSPORT NAME KANDULA VENGAMAMBA | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH ALLURIVAIPALEM | DATE OF BIRTH 17 DECEMBER 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME PACE UNIVERSITY PACE UNIVERSITY-NEW YORK CITY | SCHOOL ADDRESS INTERNATIONAL STUDENTS & SCHOLARS OFFICE ONE PACE PLAZA, SUITE W-207, NEW YORK, NY 10030 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Ting Geng Graduate Admission Counselor | SCHOOL CODE AND APPROVAL DATE NYC214F00449000 29 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 07 AUGUST 2023 |
| START OF CLASSES 06 SEPTEMBER 2023 | PROGRAM START/END DATE 06 SEPTEMBER 2023 - 15 JANUARY 2026 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|--|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 28,782 | Personal Funds | \$ 18,432 |
| Living Expenses | \$ 23,000 | Merit Scholarship | \$ 6,000 |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ 0 |
| Health Insurance, Books, Personal Expe | \$ 2,650 | On-Campus Employment | \$ 0 |
| TOTAL | \$ 54,432 | TOTAL | \$ 54,432 |

REMARKS

Mandatory new student orientation will be held virtually. Check in with Intl Students and Scholars Office upon arrival to campus

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.

Ting Geng
SIGNATURE OF: Ting Geng, Graduate Admission Counselor DATE ISSUED: 16 June 2023 PLACE ISSUED: NEW YORK, NY

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: VENGAMAMBA KANDULA DATE

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



ICE Form I-20 (04/30/2021)

PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPETA - 522 601
Guntur (Dist.), A.P.

19471A05MS

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: N0035004848

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Karamsetty | GIVEN NAME Tirumala | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 23 DECEMBER 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME University of Bridgeport University of Bridgeport | SCHOOL ADDRESS International Center for Students and Scholars, 126 Park Ave., G-level, Bridgeport, CT 06604 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Alyssa Peters International Admissions Officer | SCHOOL CODE AND APPROVAL DATE BOS214F10145000 02 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 03 DECEMBER 2023 |
| START OF CLASSES 08 JANUARY 2024 | PROGRAM START/END DATE 02 JANUARY 2024 - 01 JANUARY 2026 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 22,060 | Personal Funds | \$ 0 |
| Living Expenses | \$ 16,350 | Academic Merit Award; | \$ 3,000 |
| Expenses of Dependents (0) | \$ 0 | Family Funds; | \$ 37,600 |
| 7d Insurance | \$ 2,190 | On-Campus Employment | \$ |
| TOTAL | \$ 40,600 | TOTAL | \$ 40,600 |

REMARKS

Semester costs are due at registration. Expect a 3-5% increase in costs.

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.

SIGNATURE OF: Alyssa Peters, International Admissions Officer **DATE ISSUED:** 02 November 2023 **PLACE ISSUED:** Bridgeport, CT

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.**

SIGNATURE OF: Tirumala Karamsetty **DATE:**

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



ICE Form I-20 (11/30/2025)

PRINCIPAL
NARASARAO PETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAO PETA - 522-601
Guntur (Dist.), A.P.

19U71A05M7

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: N0034291976

| | | |
|---|--|---|
| SURNAME/PRIMARY NAME Machavarapu | GIVEN NAME Tirumala Vamsi | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Tirumala Vamsi Machavarapu | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Narasaraopeta | DATE OF BIRTH 13 MAY 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME University of North Texas University of North Texas | SCHOOL ADDRESS 1155 Union Circle #311067, Denton, TX 76203 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Stacey Benton Senior Immigration Advisor | SCHOOL CODE AND APPROVAL DATE DAL214F00610000 21 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| 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 17 JULY 2023 |
| START OF CLASSES 21 AUGUST 2023 | PROGRAM START/END DATE 16 AUGUST 2023 - 12 DECEMBER 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 18,504 | Personal Funds | \$ 37,934 |
| Living Expenses | \$ 15,308 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ | Funds From Another Source | \$ 0 |
| Books, Insurance | \$ 4,122 | On-Campus Employment | \$ |
| TOTAL | \$ 37,934 | TOTAL | \$ 37,934 |

REMARKS

Tuition/fees subject to change.

SCHOOL ATTESTATION

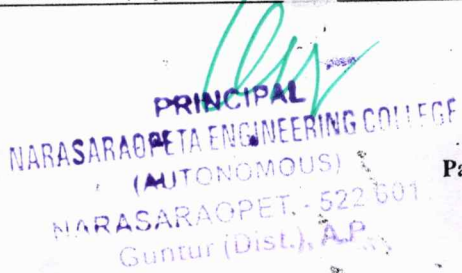
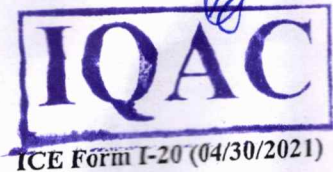
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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.

| | | |
|--|-------------------------------------|-----------------------------------|
| SIGNATURE OF: Stacey Benton Digitally signed by Stacey Benton Date: 2023.04.18 10:25:16 -05'00' | DATE ISSUED 18 April 2023 | PLACE ISSUED Denton, TX |
|--|-------------------------------------|-----------------------------------|

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.

| | |
|---|------------------|
| SIGNATURE OF: Tirumala Vamsi Machavarapu | DATE |
| NAME OF PARENT OR GUARDIAN | SIGNATURE |
| ADDRESS (city/state or province/country) | DATE |



SEVIS ID: N0034626536

| | | |
|---|--|---|
| SURNAME/PRIMARY NAME Maruri | GIVEN NAME Yaswanth Sathya Linga Reddy | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Yaswanth Sathya Linga Reddy Maruri | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 17 NOVEMBER 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|---|
| SCHOOL NAME Saint Louis University Saint Louis University | SCHOOL ADDRESS One Grand Boulevard, DuBourg Hall, St. Louis, MO 63103 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL John Ampomah International Student Advisor | SCHOOL CODE AND APPROVAL DATE KAN214F10192000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 18 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 17 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 18,000 | Personal Funds | \$ 55,000 |
| Living Expenses | \$ 16,500 | Global Graduate Scholarship | \$ 1,000 |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ 0 |
| Other | \$ 0 | On-Campus Employment | \$ 1,000 |
| TOTAL | \$ 34,500 | TOTAL | \$ 57,000 |

REMARKS

Student must report to university within 7 days of program start date on I-20 or I-20 will be void

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.

John Ampomah
SIGNATURE OF: John Ampomah, International Student Advisor

DATE ISSUED: 13 June 2023

PLACE ISSUED: St. Louis, MO

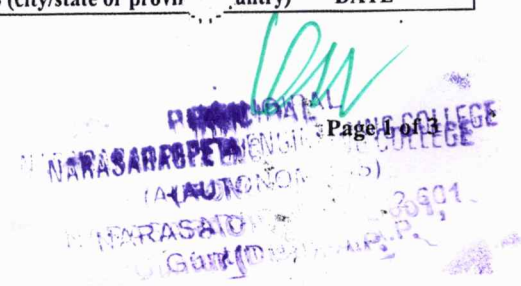
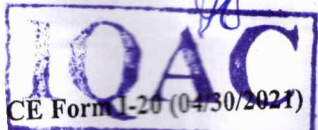
STUDENT ATTESTATION

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: Yaswanth Sathya Linga Reddy Maruri

DATE

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



N. Sanjeeva Reddy
1947/AOSNY

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: N0034957158

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Nakka | GIVEN NAME Sanjeeva Reddy | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Sanjeeva Reddy Nakka | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Vittamrajupalli | DATE OF BIRTH 20 AUGUST 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|---|
| SCHOOL NAME Saint Peter's University Saint Peter's University | SCHOOL ADDRESS 2641 Kennedy Boulevard, Jersey City, NJ 07306 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Yocasta Brens Director, Global Learning & International Services | SCHOOL CODE AND APPROVAL DATE NEW214F01089000 11 DECEMBER 2002 |

PROGRAM OF STUDY

| | | |
|--|--|---|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Data Science, General 30.7001 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 27 JANUARY 2024 |
| START OF CLASSES 26 FEBRUARY 2024 | PROGRAM START/END DATE 26 FEBRUARY 2024 - 27 FEBRUARY 2026 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 17,910 | Personal Funds | \$ 0 |
| Living Expenses | \$ 15,000 | Funds From This School | \$ 0 |
| Expenses of Dependents (0) | \$ 0 | Parent | \$ 35,710 |
| Books, Health insurance, etc. | \$ 2,800 | On-Campus Employment | \$ 0 |
| TOTAL | \$ 35,710 | TOTAL | \$ 35,710 |

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.

X _____ **DATE ISSUED** _____ **PLACE ISSUED** _____
SIGNATURE OF: Yocasta Brens, Director, Global Learning & International Services 18 October 2023 Jersey City, NJ

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 _____ **DATE** _____
SIGNATURE OF: Sanjeeva Reddy Nakka

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



PRINCIPAL
NARASARAJULA ENGINEERING COLLEGE
 (AUTONOMOUS)
 NARASARAJULA 2 301,
 Guntur

H.T.No: 19471A0504 (04)
 Ph.No: 85220-55071

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: N0034486814

| | | |
|--|---|---|
| SURNAME/PRIMARY NAME Yeruva | GIVEN NAME Renuka | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Renuka Yeruva | PASSPORT NAME Yeruva Renuka | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Vipparlapalle | DATE OF BIRTH 11 JANUARY 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|---|
| SCHOOL NAME Kennesaw State University Kennesaw State University | SCHOOL ADDRESS 480 BARTOW AVE NW, Suite 5625, MD 4804, KENNESAW, GA 30144 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Brittani Pipes International Student Advisor | SCHOOL CODE AND APPROVAL DATE ATL214F00582000 23 SEPTEMBER 2002 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 15 JULY 2023 |
| START OF CLASSES 14 AUGUST 2023 | PROGRAM START/END DATE 14 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|--|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 21,174 | Personal Funds | \$ 46,475 |
| Living Expenses | \$ 12,947 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ | Funds From Another Source | \$ |
| books, breaks, insurance, supplies, tr | \$ 10,416 | On-Campus Employment | \$ |
| TOTAL | \$ 44,537 | TOTAL | \$ 46,475 |

REMARKS

Fees subject to change. Student must complete mandatory orientation and check in upon arrival. Health insurance is mandatory at all times. If student travels abroad a DSO signature is required for re-entry. Work authorization is mandatory on the I-20 prior to the start date. Contact information: +1-470-578-6336 (business hours) or +1-470-578-6666 (after hours emergencies), iss@kennesaw.edu

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"/> | Digitally signed by Brittani Pipes Date: 2023.06.21 10:22:46 -0400 | DATE ISSUED 21 June 2023 | PLACE ISSUED KENNESAW, GA |
| SIGNATURE OF: Brittani Pipes, International Student Advisor | | | |

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




PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
 (AUTONOMOUS)
 NARASARAOPET - 522 601,
 Guntur (Dist.), A.P.

19-509

SEVIS ID: N0034468148

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME SOMU | GIVEN NAME SUSHMA PRIYANKA | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME SUSHMA PRIYANKA SOMU | PASSPORT NAME SOMU SUSHMA PRIYANKA | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH RUPENAGUNTLA | DATE OF BIRTH 13 APRIL 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|---|
| SCHOOL NAME University of Utah University of Utah | SCHOOL ADDRESS 200 S. Central Campus Dr. rm 410, Salt Lake City, UT 84112 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Molly Reininger I-20 Area Supervisor | SCHOOL CODE AND APPROVAL DATE DEN214F10094000 27 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 22 JULY 2023 |
| START OF CLASSES 21 AUGUST 2023 | PROGRAM START/END DATE 21 AUGUST 2023 - 21 DECEMBER 2026 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 12 MONTHS | | STUDENT'S FUNDING FOR: 12 MONTHS | |
|--|------------------|----------------------------------|---------------|
| Tuition and Fees | \$ 27,387 | Personal Funds | \$ 52,667 |
| Living Expenses | \$ 25,280 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ | Funds From Another Source | \$ |
| Other | \$ | On-Campus Employment | \$ |
| TOTAL | \$ 52,667 | TOTAL | 52,667 |

REMARKS

Mandatory to complete International Student Orientation. Failure to complete will result in termination of F-1 status. For Orientation instructions: <https://iss.utah.edu>.

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"/> <i>Molly Reininger</i> | DATE ISSUED 15 May 2023 | PLACE ISSUED Salt Lake City, UT |
| SIGNATURE OF: Molly Reininger, I-20 Area Supervisor | | |

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: SUSHMA PRIYANKA SOMU | DATE |
| NAME OF PARENT OR GUARDIAN | SIGNATURE | ADDRESS (city/state or province/country) |
| | | DATE |



ICE Form I-20 (04/30/2021)

Narasaraopet
PRINCIPAL
NARASARAOPET ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 603
Guntur (Dist.), A.P.

19471805PJ
B. Sandeep

SEVIS ID: N0034416119

| | | |
|--|--|--|
| SURNAME/PRIMARY NAME Bapathu | GIVEN NAME Sandeep Reddy | Class of Admission F-1 CADEMIC AND LANGUAGE |
| PREFERRED NAME Sandeep Reddy Bapathu | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Narasaraopet | DATE OF BIRTH 15 NOVEMBER 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME Saginaw Valley State University Saginaw Valley State University | SCHOOL ADDRESS 7400 Bay Road, University Center, MI 48710 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Cheryl Purigroski Administrative Secretary | SCHOOL CODE AND APPROVAL DATE DET214F00627000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 23 JULY 2023 |
| START OF CLASSES 28 AUGUST 2023 | PROGRAM START/END DATE 22 AUGUST 2023 - 01 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 8 MONTHS | | STUDENT'S FUNDING FOR: 8 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 23,397 | Personal Funds | \$ 0 |
| Living Expenses | \$ 11,110 | Red & White Scholarship; | \$ 9,311 |
| Expenses of Dependents (0) | \$ | Family; | \$ 27,971 |
| Miscellaneous Expenses | \$ 2,775 | On-Campus Employment | \$ |
| TOTAL | \$ 37,282 | TOTAL | \$ 37,282 |

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.

| | | |
|--|-----------------------------------|--|
| <input checked="" type="checkbox"/> <i>Cheryl Purigroski</i> | DATE ISSUED 08 May 2023 | PLACE ISSUED University Center, MI |
| SIGNATURE OF: Cheryl Purigroski, Administrative Secretary | | |

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 primarily, 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 for 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"/> <i>B. Sandeep</i> | DATE |
| SIGNATURE OF: Sandeep Reddy Bapathu | |
| <input checked="" type="checkbox"/> | DATE |
| SIGNATURE | ADDRESS (city/state or province/country) |
| NAME OF PARENT OR GUARDIAN | |



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPETA - 522 601
Guntur (Dist.), A.P.

20175A0201

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: N0034688540

| | | |
|--|---|---|
| SURNAME/PRIMARY NAME Kantheti | GIVEN NAME Viney Kumar | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Viney Kumar Kantheti | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Karlapudi | DATE OF BIRTH 29 JANUARY 1999 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

| | |
|--|--|
| SCHOOL INFORMATION | |
| SCHOOL NAME Sacred Heart University Sacred Heart University | SCHOOL ADDRESS 5151 Park Avenue, Fairfield, CT 06825 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Emilia Steinbrick Graduate Assistant for International & Immigration Services | SCHOOL CODE AND APPROVAL DATE 808214710554000 17 JANUARY 2003 |

| | | |
|--|---|--|
| PROGRAM OF STUDY | | |
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 30 JULY 2023 |
| START OF CLASSES 15 SEPTEMBER 2023 | PROGRAM START/END DATE 29 AUGUST 2023 - 31 DECEMBER 2024 | |

| | |
|--|---|
| FINANCIALS | |
| ESTIMATED AVERAGE COSTS FOR: 10 MONTHS | STUDENT'S FUNDING FOR: 10 MONTHS |
| Tuition and Fees \$ 26,055 | Personal Funds \$ 47,722 |
| Living Expenses \$ 14,000 | Funds From This School \$ |
| Expenses of Dependents (0) \$ 0 | Funds From Another Source \$ |
| Health insurance, books, transportation \$ 6,000 | On-Campus Employment \$ |
| TOTAL \$ 46,055 | TOTAL \$ 47,722 |

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.

Signed by: Emilia Steinbrick DATE ISSUED: 29 June 2023 PLACE ISSUED: Fairfield, CT
 SIGNATURE OF Designated School Official: Emilia Steinbrick, Graduate Assistant for International & Immigration Services

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 is 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.

Signed by: Viney Kumar Kantheti DATE: _____
 SIGNATURE: _____ ADDRESS (city/state or postal address): _____ DATE: _____

NARASARAOPET ENGINEERING COLLEGE
PRINCIPAL
AUTONOMOUS
 NARASARAOPET - 522 601
 Guntur (Dist.), A.P. Page 1 of 3

SEVIS ID: N0034325325

19471A204

| | | |
|--|---|---|
| SURNAME/PRIMARY NAME Atthuluri | GIVEN NAME Vishnu | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Vishnu Atthuluri | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Vinukonda | DATE OF BIRTH 14 JANUARY 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |
| | | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME Stevens Institute of Technology Stevens Institute of Technology | SCHOOL ADDRESS 1 CASTLE POINT TER, International Student Scholar Services Office, HOBOKEN, NJ 07030 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Brittany Then Advisor | SCHOOL CODE AND APPROVAL DATE NEW214F01106000 06 AUGUST 2002 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 02 AUGUST 2023 |
| START OF CLASSES 01 SEPTEMBER 2023 | PROGRAM START/END DATE 01 SEPTEMBER 2023 - 17 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 42,374 | Personal Funds | \$ 0 |
| Living Expenses | \$ 17,480 | Graduate Scholarship | \$ 13,000 |
| Expenses of Dependents (0) | \$ | Family Funds | \$ 50,054 |
| Health insurance, books, and supplies | \$ 3,200 | On-Campus Employment | \$ |
| TOTAL | \$ 63,054 | TOTAL | \$ 63,054 |

REMARKS

Major is Data Science.
This Form I-20 is only valid to begin the Fall 2023 term, thus the student must arrive to Stevens and complete immigration reporting (SEVIS Activation) upon arrival to the United States with ISSS no later than start date of the Fall 2023 term.

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"/> <i>Brittany Then</i> | DATE ISSUED 22 April 2023 | PLACE ISSUED HOBOKEN, NJ |
| SIGNATURE OF: Brittany Then, Advisor | | |

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



ICE Form I-20 (04/30/2021)

MUNICIPAL
NARASARAOPET ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601,
Guntur (Dist.), A.P.

SEVIS ID: N0034225132

10471A1212

| | | |
|---|--|---|
| SURNAME/PRIMARY NAME Chundi | GIVEN NAME Siva Rama Krishna | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Siva Rama Krishna Chundi | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 07 FEBRUARY 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |
| | | |

SCHOOL INFORMATION

| | |
|---|---|
| SCHOOL NAME Saint Louis University Saint Louis University | SCHOOL ADDRESS One Grand Boulevard, DuBourg Hall, St. Louis, MO 63103 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL John Ampomah International Student Advisor | SCHOOL CODE AND APPROVAL DATE KAN214F10192000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 18 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 17 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 18,000 | Personal Funds | \$ 0 |
| Living Expenses | \$ 16,500 | Scholarship | \$ 1,750 |
| Expenses of Dependents (0) | \$ 0 | Family Funds | \$ 31,750 |
| Other | \$ 0 | On-Campus Employment | \$ 1,000 |
| TOTAL | \$ 34,500 | TOTAL | \$ 34,500 |

REMARKS

Student must report to university within 7 days of start date or I-20 is void.

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.

| | | |
|--|-------------------------------------|--------------------------------------|
| <i>John Ampomah</i> SIGNATURE OF: John Ampomah, International Student Advisor | DATE ISSUED 06 April 2023 | PLACE ISSUED St. Louis, MO |
|--|-------------------------------------|--------------------------------------|

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



ICE Form I-20 (01/30/2021)

PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPETA - 522 601.
Guntur (Dist.), A.P.

SEVIS ID: N0034134262

1A471A1215

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Gangineni | GIVEN NAME Ravali | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Ravali Gangineni | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 02 NOVEMBER 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|---|
| SCHOOL NAME Saint Louis University Saint Louis University | SCHOOL ADDRESS One Grand Boulevard, DuBourg Hall, St. Louis, MO 63103 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Ryan Stoeckel International Admission Counselor | SCHOOL CODE AND APPROVAL DATE KAN214F10192000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 18 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 17 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 21,000 | Personal Funds | \$ 0 |
| Living Expenses | \$ 16,500 | Scholarship | \$ 3,000 |
| Expenses of Dependents (0) | \$ 0 | Family Funding | \$ 33,500 |
| Other | \$ 0 | On-Campus Employment | \$ 1,000 |
| TOTAL | \$ 37,500 | TOTAL | \$ 37,500 |

REMARKS

Student must report to university within 7 days of program start date on I-20 or I-20 will be void

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 21 March 2023 | PLACE ISSUED St. Louis, MO |
| SIGNATURE OF: Ryan Stoeckel, International Admission Counselor | | |

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"/> | DATE |
| SIGNATURE OF: Ravali Gangineni | |
| NAME OF PARENT OR GUARDIAN | SIGNATURE |
| | ADDRESS (city/state or province/country) |
| | DATE |



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601,
Guntur (Dist.), A.P.

Page 1 of 3

SEVIS ID: N0034266813

19471A1217

| | | |
|---|--|---|
| SURNAME/PRIMARY NAME Gottipati | GIVEN NAME Sumathi | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Sumathi Gottipati | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 24 AUGUST 2002 | |
| FORM ISSUE REASON Transfer Pending - Saint Louis University | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME Avila University Avila University | SCHOOL ADDRESS 11901 Wornall Road, Kansas City, MO 64145 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Monica Lomax Registration Specialist | SCHOOL CODE AND APPROVAL DATE KAN214F00029000 10 SEPTEMBER 2002 |

PROGRAM OF STUDY

| | | |
|--|---|--------------------------------|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE |
| START OF CLASSES 24 AUGUST 2023 | PROGRAM START/END DATE 24 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 12 MONTHS | | STUDENT'S FUNDING FOR: 12 MONTHS | |
|--|------------------|----------------------------------|------------------|
| Tuition and Fees | \$ 10,800 | Personal Funds | \$ 0 |
| Living Expenses | \$ 9,255 | Scholarship | \$ 2,500 |
| Expenses of Dependents (0) | \$ 0 | Parent/Guardian | \$ 22,037 |
| Health Insurance, Books, Supplies | \$ 4,482 | On-Campus Employment | \$ 0 |
| TOTAL | \$ 24,537 | TOTAL | \$ 24,537 |

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.

X _____ **DATE ISSUED** _____ **PLACE ISSUED** _____
SIGNATURE OF: Monica Lomax, Registration Specialist 23 August 2023 Kansas City, MO

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 _____ **DATE** _____
SIGNATURE OF: Sumathi Gottipati

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



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601,
Guntur (Dist.), A.P.

IT

1947H1236
Cell No: 9963468326

SEVIS ID: N0034443187

| | | |
|---|---|---|
| SURNAME/PRIMARY NAME Mekapothula | GIVEN NAME Chandrashekhar Reddy | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Chandrashekhar Reddy Mekapothula | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Jettipalem | DATE OF BIRTH 07 APRIL 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |
| | | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME University of North Texas University of North Texas | SCHOOL ADDRESS 1155 Union Circle #311067, Denton, TX 76203 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kori Gorman Senior Immigration Advisor | SCHOOL CODE AND APPROVAL DATE DAL214F00610000 21 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 17 JULY 2023 |
| START OF CLASSES 21 AUGUST 2023 | PROGRAM START/END DATE 16 AUGUST 2023 - 12 DECEMBER 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 17,334 | Personal Funds | \$ 0 |
| Living Expenses | \$ 15,308 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ | Family Funds | \$ 36,764 |
| Books, Insurance | \$ 4,122 | On-Campus Employment | \$ |
| TOTAL | \$ 36,764 | TOTAL | \$ 36,764 |

REMARKS

Tuition/fees subject to change.

SCHOOL ATTESTATION

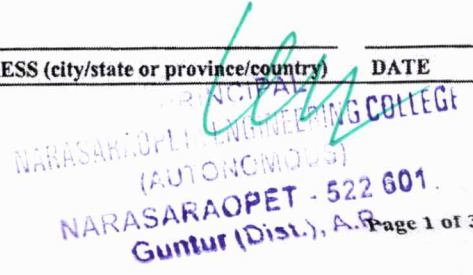
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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.

| | | |
|--|-----------------------------------|-----------------------------------|
| SIGNATURE OF: Kori Gorman <small>Digitally signed by Kori Gorman Date: 2023.05.10 14:24:31 -05'00'</small> | DATE ISSUED 10 May 2023 | PLACE ISSUED Denton, TX |
|--|-----------------------------------|-----------------------------------|

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.

| | | |
|---|---|-------------|
| SIGNATURE OF: Chandrashekhar Reddy Mekapothula | DATE | |
| SIGNATURE | DATE | |
| NAME OF PARENT OR GUARDIAN | ADDRESS (city/state or province/country) | DATE |



SEVIS ID: N0034370013

19471A1245

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Ravipati | GIVEN NAME Jayasrilakshmi | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Jayasrilakshmi Ravipati | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 06 APRIL 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME Gannon University Gannon University | SCHOOL ADDRESS 109 University Square, Erie, PA 16541 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Desirae Scott Assistant Coordinator | SCHOOL CODE AND APPROVAL DATE PHT214F10228000 16 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Information Technology 11.0103 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Not Required | ENGLISH PROFICIENCY NOTES ON-CAMPUS ESL WILL BE PROVIDED IF NEEDED. | EARLIEST ADMISSION DATE 24 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 23 AUGUST 2023 - 10 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 22,360 | Personal Funds | \$ 0 |
| Living Expenses | \$ 7,000 | International Award | \$ 3,000 |
| Expenses of Dependents (0) | \$ | Family | \$ 61,051 |
| Books and Health Insurance | \$ 1,480 | On-Campus Employment | \$ |
| TOTAL | \$ 30,840 | TOTAL | \$ 64,051 |

REMARKS

THE GRE/GMAT TEST IS NOT REQUIRED FOR ADMISSION PER INDUSTRY AND PROJECT BASED REQUIREMENTS; STUDENT HAS RECEIVED AN INTERNATIONAL AWARD OF \$1,500.00 TO BE DEDUCTED FROM TUITION AND FEES PER SEMESTER REGISTERED FOR EACH SEMESTER OF FULL-TIME ENROLLMENT.

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.

X *Desirae Scott* **SIGNATURE OF:** Desirae Scott, Assistant Coordinator **DATE ISSUED** 29 April 2023 **PLACE ISSUED** Erie, PA

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:** Jayasrilakshmi Ravipati **DATE**

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



Handwritten signature
NARASARAOPET ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601
Guntur (Dist.), A.P.
Page 1 of 3

1949 (A) 251

IT - 2019 - 2023

SEVIS ID: N0034510904

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Shaik | GIVEN NAME Jasmine | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Jasmine Shaik | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 14 MARCH 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|---|
| SCHOOL NAME Saint Louis University Saint Louis University | SCHOOL ADDRESS One Grand Boulevard, DuBourg Hall, St. Louis, MO 63103 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Lisa Le Maire International Admission Counselor | SCHOOL CODE AND APPROVAL DATE KAN214F10192000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 18 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 17 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

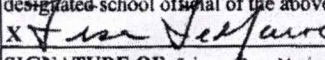
| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 18,000 | Personal Funds | \$ 0 |
| Living Expenses | \$ 16,500 | Scholarship | \$ 1,500 |
| Expenses of Dependents (0) | \$ 0 | Family Funding | \$ 32,000 |
| Other | \$ 0 | On-Campus Employment | \$ 1,000 |
| TOTAL | \$ 34,500 | TOTAL | \$ 34,500 |

REMARKS

Student must report to university within 7 days of program start date on I-20 or I-20 will be void

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.

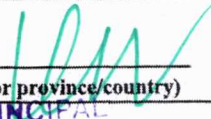
| | | |
|--|--------------------|---------------------|
|  | DATE ISSUED | PLACE ISSUED |
| SIGNATURE OF: Lisa Le Maire, International Admission Counselor | 22 May 2023 | St. Louis, MO |

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




PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPETA - 522 601
Guntur (Dist.), A.P.

10471A1255

SEVIS ID: N0034238967

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Shaik Sana Afreen | GIVEN NAME | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Shaik Sana Afreen | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 31 MARCH 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|---|
| SCHOOL NAME Saint Louis University Saint Louis University | SCHOOL ADDRESS One Grand Boulevard, DuBourg Hall, St. Louis, MO 63103 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Cheng Zhang International Admission Counselor | SCHOOL CODE AND APPROVAL DATE KAN214F10192000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 18 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 17 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 18,000 | Personal Funds | \$ 0 |
| Living Expenses | \$ 16,500 | Scholarship | \$ 1,250 |
| Expenses of Dependents (0) | \$ 0 | Family Funding | \$ 32,250 |
| Other | \$ 0 | On-Campus Employment | \$ 1,000 |
| TOTAL | \$ 34,500 | TOTAL | \$ 34,500 |

REMARKS

Student must report to university within 7 days of program start date on I-20 or I-20 will be void.

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 10 April 2023 | PLACE ISSUED St. Louis, MO |
| SIGNATURE OF: Cheng Zhang, International Admission Counselor | | |

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



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS) Page 1 of 3
NARASARAOPET - 522 601,
Guntur (Dist.), A.P.

Information Technology

19471A1257

8008708142

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: N0034284782

| | | |
|---|---|---|
| SURNAME/PRIMARY NAME Sriram | GIVEN NAME Harichandraprasad | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Harichandraprasad Sriram | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 19 SEPTEMBER 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |
| | | |

SCHOOL INFORMATION

| | |
|---|---|
| SCHOOL NAME Saint Louis University Saint Louis University | SCHOOL ADDRESS One Grand Boulevard, DuBourg Hall, St. Louis, MO 63103 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL John Ampomah International Student Advisor | SCHOOL CODE AND APPROVAL DATE KAN214F10192000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 18 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 17 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 18,000 | Personal Funds | \$ 0 |
| Living Expenses | \$ 16,500 | Global Graduate Scholarship | \$ 1,750 |
| Expenses of Dependents (0) | \$ 0 | Family Funds | \$ 31,750 |
| Other | \$ 0 | On-Campus Employment | \$ 1,000 |
| TOTAL | \$ 34,500 | TOTAL | \$ 34,500 |

REMARKS

Student must report to university within 7 days of start date or I-20 is void.

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.

John Ampomah
SIGNATURE OF: John Ampomah, International Student Advisor DATE ISSUED: 17 April 2023 PLACE ISSUED: St. Louis, MO

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: *Harichandraprasad Sriram* DATE

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



ICE Form I-20 (04/30/2021)

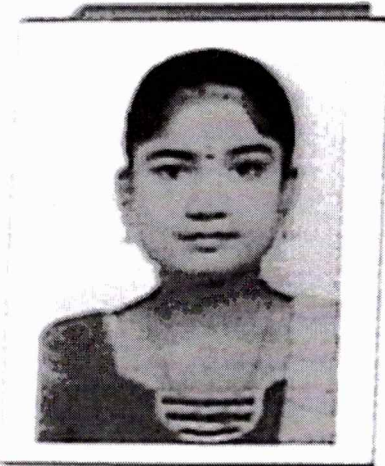
PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS) Page 1 of 3
NARASARAOPET - 522 601
Guntur (Dist.), A.P.

19471A0111



NARASARAOPETA ENGINEERING COLLEGE

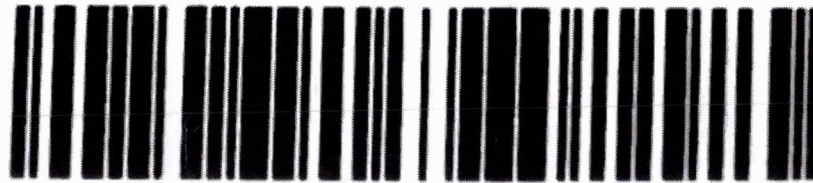
Kotappakonda Road, Yellamanda(P), Narasaraopet- 522601, Guntur(Dt)



CHATTU PUJITHA

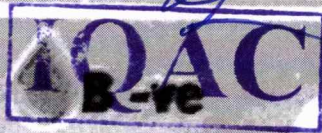
COURSE : M.Tech
BRANCH : STRUCTURAL ENGINEERING
H.T. NO. : 23471D8701
VALID UP TO : 31st MAY 2025

19471A0111



23471D8701

Signature



Principal

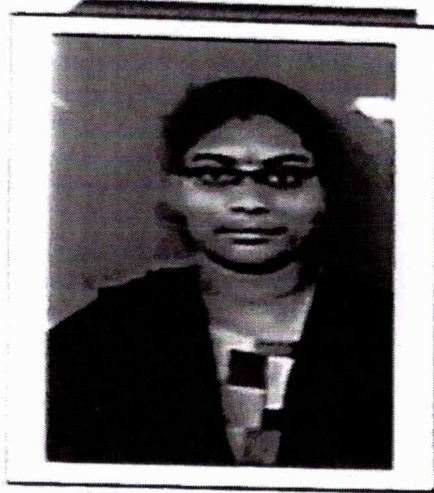
PRINCIPAL
 NARASARAOPETA ENGINEERING COLLEGE
 (AUTONOMOUS)
 NARASARAOPETA - 522601
 Guntur (Dist.), A.P.


NEC
(AUTONOMOUS)
www.nrtec.in
08647 239905

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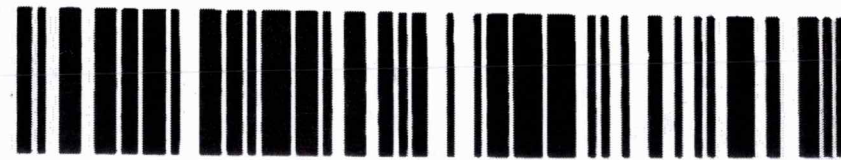
NARASARAOPETA ENGINEERING COLLEGE

Kotappakonda Road, Yellamanda(P), Narasaraopet- 522601, Guntur(Dt)




GUNTURU SAI PRAGNA

COURSE : M.Tech
BRANCH : STRUCTURAL ENGINEERING
H.T. NO. : 23471D8708
VALID UP TO : 31st MAY 2025



23471D8708

1a471A0121


Principal


PRINCIPAL

Signature


1a471A0121

103 BRAKAGUNAGAR NARASARAOPETA (AUTONOMOUS) 522601

NARASARAOPET - 522 601
Guntur (Dist.), A.P.

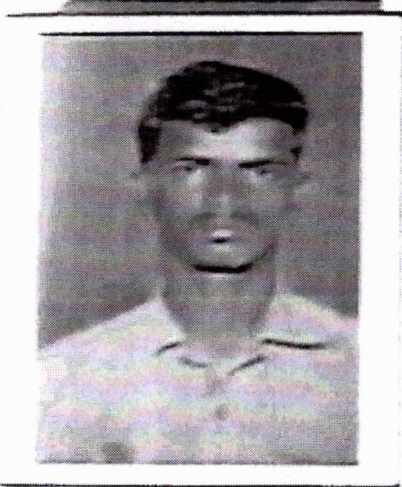
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NARASARAOPETA ENGINEERING COLLEGE

Kotappakonda Road, Yellamanda(P), Narasaraopet- 522601, Guntur(Dt)

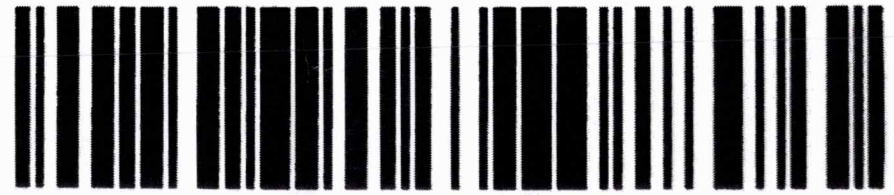
PASUPULETI GOVARDHAN



COURSE : M.Tech
BRANCH : STRUCTURAL ENGINEERING
H.T. NO. : 23471D8709
VALID UP TO : 31st MAY 2025

10271A0144

Signature
IQAC



23471D8709

Principal
Principal

NARASARAOPETA ENGINEERING COLLEGE

B +ve

D.NO. 3-383, DACHEPALU -522414. No 8142077034

APAS, RAJ. E. 522601

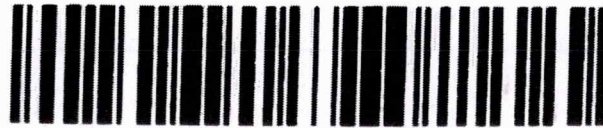
NARASARAOPETA ENGINEERING COLLEGE

Kotappakonda Road, Yellamanda(P), Narasaraopet- 522601, Guntur(Dt)

DOSAKAYALAPATI BHARGAVA SAI



COURSE : M.Tech
BRANCH : STRUCTURAL ENGINEERING
H.T. NO. : 23471D8702
VALID UP TO : 31st MAY 2025



23471D8702


Signature


Principal

20475A0102

0 +ve




PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601,
Guntur (Dist.), A.P.

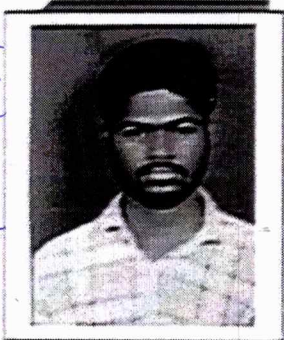
1A471A0131



NARASARAOPETA ENGINEERING COLLEGE

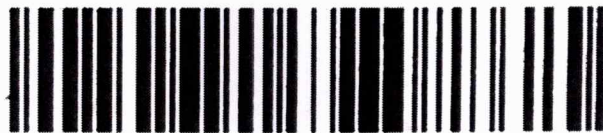
Kotappakonda Road, Yellamanda(P), Narasaraopet- 522601, Guntur(Dt)

1A471A0131



KOTAPATI SIVA

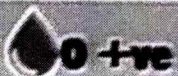
COURSE : M.Tech
BRANCH : STRUCTURAL ENGINEERING
H.T. NO. : 23471D8706
VALID UP TO : 31st MAY 2025



23471D8706

Signature

[Handwritten Signature]
Principal



2-182, LAST LINE, NADIGADDA, PALNADU Ph-6301855568



[Handwritten Signature]
PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601.
Guntur (Dist.), A.P.



(Ref :SRMAP/DA/2023/230200301)

20415A0309

Allotted Date : 18-07-2023

Provisional Admission Letter

Name of the Student : MADEM JAYANTH KUMAR
Name of the Parent / Guardian : MADEM VENKATESWARARAO
Academic Year : 2023-2024
Program & Branch / Specialization : M.Tech. in Materials and Manufacturing Technology
Campus : SRM University - AP
Student Id : 15338
Application Number : 230200301

Scholarship: 100% Tuition waiver is given as scholarship to all students admitted into the programme along with Rs.6000/- monthly stipend on meeting the eligibility criteria.

The admission offer is provisional at this point and is subjected to meeting the basic eligibility criteria of the programme (refer the Terms and Conditions for details) and submitting all your final documents and scores to the University on or before the Registration/Enrolment Day.

Instructions to the student:

1. To confirm the provisional admission, Rs. 10,000 towards Admission Fees needs to be paid on or before 30-May-2023.
2. This provisional admission letter is valid if stipulated fee is paid before the deadline mentioned. In case of late payment, admission would be subjected to discretion of admission committee and seat availability.
3. Important Terms & Conditions are mentioned on reverse of the letter.

Date of Reporting : Will be informed later as per the university academic calendar.



ysskar
Director - Admissions

len
PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601
Guntur (Dist.), A.P.

April 22, 2023

20475A03 30

Naveen Parasa
1-45/7,Rajapeta
Mylavaram
Krishna, Andhra Pradesh 521230
India

NJIT ID:31653085

Dear Naveen:

Congratulations! On behalf of the Admissions Committee at **New Jersey Institute of Technology**, it is my pleasure to offer you admission to the **Master of Science in Mechanical Engineering** program for **Fall 2023**.

For over 140 years, NJIT has provided students with a cutting-edge, technology-driven education. Today, we are one of the nation's top universities preparing students, like you, to be future leaders in technology. As a graduate student at NJIT, you'll gain valuable experience through distinguished faculty and the latest innovations. You'll also have the opportunity to build professional relationships and learn alongside your peers in a vibrant and diverse community where everyone is invested in your success.

To obtain your I-20 Form, please log into your myGlobal international student and scholar portal at myglobal.njit.edu and submit the I-20 Request E-Form.

The details of your admission are as follows:

NJIT ID: 31653085

Admission

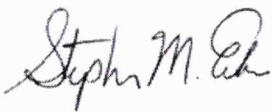
Conditions:

None.

Once again, congratulations on your admission to NJIT! We are thrilled to be sharing these exciting news with you and are confident you have much to contribute to the NJIT community.


Please don't hesitate to contact us if you have any questions.

Sincerely,



Stephen M. Eck
Executive Director of University Admissions




PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPETA - 522 601.
Guntur (Dist.), A.P.

20475A0359



Sacred Heart UNIVERSITY

INTERNATIONAL ADMISSIONS

June 5, 2023

Dear Hemanth Kumar Vemula,

Congratulations! The Admissions Committee for the Graduate Program in MS in Computer Science & IT - CS Track program has completed its review of your academic credentials. Based on these assessments and the conclusions of the Committee, I am pleased to offer you admission to the Sacred Heart University class entering in the Fall 2023 term.

Your student ID is 0939367. Please keep this for your records.

Your admission status is: **Admit**

Any pre-requisite coursework or conditions of your acceptance, if required, is specified here:

The competition for admission was particularly rigorous this year. We were impressed by your academic achievements and believe strongly in your potential for continued success. A mandatory orientation is scheduled approximately one week prior to the start of your program. Please pay close attention to your email address on file (ms.hemanthkumarvemula@gmail.com) as you will be receiving several detailed emails explaining the costs of your program, important dates to remember, an explanation of conditions of your acceptance (if any), and detailed next steps to receive your I-20. Briefly, your next steps include:

1. Pay your enrollment deposit (this is required to issue the I-20)

2. Have your I-20 emailed/shipped from Sacred Heart University
3. Schedule and prepare for your visa interview
4. Secure your visa
5. Prepare your health immunization records
6. Register for classes
7. Register for orientation
8. Book travel to Sacred Heart University

Sacred Heart University holds students to the highest level of academic integrity, and conducts regular audits of academic documents (such as transcripts, exam scores, etc.). If any documents are found to have been falsified or altered in any way, your acceptance will be automatically terminated and you may be reported to US immigration officials.

As a graduate student at Sacred Heart University, you will be subject to all academic standards and regulations and to the program guidelines in effect for the semester applicable at the time of this acceptance. Furthermore, as an international student, and in accordance with Immigration and Customs Enforcement (ICE) regulations, you are required to maintain continuous, full-time enrollment. Failure to do so may invalidate your student status here at Sacred Heart University, your legality as a visitor to the United States, and consequently subject you to the appropriate ICE repatriation laws. Please refer to our official Graduate Catalog for the complete policy governing full-time status for international students. Please note, that it is a requirement of Sacred Heart University that all graduate students maintain a minimum cumulative GPA of 3.0.

Finally, please accept my congratulations on your successful application. You are about to embark on an exciting, challenging and rewarding professional educational experience. We look forward to welcoming you to the Sacred Heart University campus community and to our graduate program.

With warm wishes,

Cori Nevers

Cori Nevers
Executive Director of International Admissions
neversc@sacredheart.edu



[Signature]
PRINCIPAL
NARASARAO PETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAO PETA - 522 601
Guntur (Dist.), A.P.

SEVIS ID: N0034596470

14471A0491

| | | |
|---|--|---|
| SURNAME/PRIMARY NAME Munnangi | GIVEN NAME Uma Maheswara Reddy | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Uma Maheswara Reddy Munnangi | PASSPORT NAME Munnangi Uma Maheswara Reddy | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Tyallur Andhra Pradesh | DATE OF BIRTH 10 JULY 2002 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME PACE UNIVERSITY PACE UNIVERSITY-NEW YORK CITY | SCHOOL ADDRESS INTERNATIONAL STUDENTS & SCHOLARS OFFICE, ONE PACE PLAZA, SUITE W-207, NEW YORK, NY 10038 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Zachary Karp Int'l Graduate Admission Assistant Director | SCHOOL CODE AND APPROVAL DATE NYC214F00449000 29 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 07 AUGUST 2023 |
| START OF CLASSES 06 SEPTEMBER 2023 | PROGRAM START/END DATE 06 SEPTEMBER 2023 - 15 JANUARY 2026 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|--|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 28,782 | Personal Funds | \$ 54,432 |
| Living Expenses | \$ 23,000 | Funds From This School | \$ 0 |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ 0 |
| Health Insurance, Books, Personal Expe | \$ 2,650 | On-Campus Employment | \$ 0 |
| TOTAL | \$ 54,432 | TOTAL | \$ 54,432 |

REMARKS

Mandatory check-in with International Students & Scholars at Pace University.

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 07 June 2023 | PLACE ISSUED NEW YORK, NY |
| SIGNATURE OF: Zachary Karp, Int'l Graduate Admission 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: Uma Maheswara Reddy Munnangi | DATE |
| <input checked="" type="checkbox"/> | SIGNATURE | DATE |
| NAME OF PARENT OR GUARDIAN | SIGNATURE | ADDRESS (city/state or province/country) DATE |



SEVIS ID: N0034643883

19471A0403

| | | |
|---|---|---|
| SURNAME/PRIMARY NAME Chinthalacheruvu | GIVEN NAME Venkatesh | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Venkatesh Chinthalacheruvu | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Narasaraopet | DATE OF BIRTH 19 OCTOBER 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|---|
| SCHOOL NAME Stevens Institute of Technology Stevens Institute of Technology | SCHOOL ADDRESS 1 CASTLE POINT TER, International Student Scholar Services Office, HOBOKEN, NJ 07030 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Brittany Then Advisor | SCHOOL CODE AND APPROVAL DATE NEW214F01106000 06 AUGUST 2002 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 02 AUGUST 2023 |
| START OF CLASSES 01 SEPTEMBER 2023 | PROGRAM START/END DATE 01 SEPTEMBER 2023 - 17 MAY 2025 | |

FINANCIALS

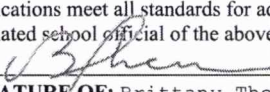
| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 42,374 | Personal Funds | \$ 0 |
| Living Expenses | \$ 17,480 | Graduate Scholarship | \$ 7,000 |
| Expenses of Dependents (0) | \$ 0 | Family Funds | \$ 56,054 |
| Health insurance, books, and supplies | \$ 3,200 | On-Campus Employment | \$ 0 |
| TOTAL | \$ 63,054 | TOTAL | \$ 63,054 |

REMARKS

This Form I-20 is only valid to begin the Fall 2023 term, thus the student must arrive to Stevens and complete immigration reporting (SEVIS Activation) upon arrival to the United States with ISSS no later than start date of the Fall 2023 term.

SCHOOL ATTESTATION

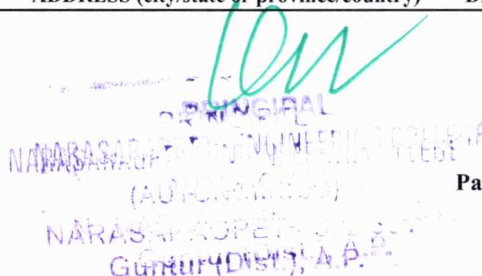
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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 16 June 2023 | PLACE ISSUED HOBOKEN, NJ |
| SIGNATURE OF: Brittany Then, Advisor | | |

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



SEVIS ID: N0034590871

1A471A0453

| | | |
|---|---|---|
| SURNAME/PRIMARY NAME GOLLAPUDI | GIVEN NAME Mani Prasad | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Mani Prasad Gollapudi | PASSPORT NAME GOLLAPUDI MANI PRASAD | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Kondalarayuni Palem, Andhra Pradesh | DATE OF BIRTH 27 NOVEMBER 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME Long Island University LIU Brooklyn | SCHOOL ADDRESS 1 University Plaza, Brooklyn, NY 11201 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Steve Chin Director of International Students | SCHOOL CODE AND APPROVAL DATE NYC214F01742004 29 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 07 AUGUST 2023 |
| START OF CLASSES 06 SEPTEMBER 2023 | PROGRAM START/END DATE 06 SEPTEMBER 2023 - 30 JUNE 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 12 MONTHS | | STUDENT'S FUNDING FOR: 12 MONTHS | |
|--|------------------|----------------------------------|------------------|
| Tuition and Fees | \$ 25,354 | Personal Funds | \$ 0 |
| Living Expenses | \$ 19,854 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ | Sponsor - Family | \$ 57,353 |
| Books Supplies and Health Insurance | \$ 5,895 | On-Campus Employment | \$ |
| TOTAL | \$ 51,103 | TOTAL | \$ 57,353 |

REMARKS

LIU#100817458 Health Insurance is mandatory

SCHOOL ATTESTATION

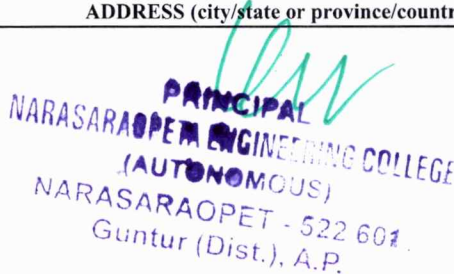
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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.

| | | |
|--|------------------------------------|-------------------------------------|
| SIGNATURE OF: <i>Steve Chin</i> Steve Chin, Director of International Students | DATE ISSUED 06 June 2023 | PLACE ISSUED Brooklyn, NY |
|--|------------------------------------|-------------------------------------|

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.**

| | |
|---|------------------|
| SIGNATURE OF: <i>Mani Prasad GOLLAPUDI</i> | DATE |
| NAME OF PARENT OR GUARDIAN | SIGNATURE |
| ADDRESS (city/state or province/country) | DATE |



SEVIS ID: N0034426506

1A475A0417

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Kattekota | GIVEN NAME Jaswanthika Sai Koteswari | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Jaswanthika Sai Koteswari Kattekota | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Sattenapalli | DATE OF BIRTH 03 NOVEMBER 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|---|
| SCHOOL NAME Cleveland State University Cleveland State University | SCHOOL ADDRESS 2121 EUCLID AVE, BH 412, CLEVELAND, OH 44115 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Donnell Walker International Education Coordinator | SCHOOL CODE AND APPROVAL DATE CLE214F00211000 27 DECEMBER 2002 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Information Science/Studies 11.0401 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 15 JULY 2023 |
| START OF CLASSES 28 AUGUST 2023 | PROGRAM START/END DATE 14 AUGUST 2023 - 09 AUGUST 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 23,128 | Personal Funds | \$ 0 |
| Living Expenses | \$ 16,800 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ 0 | Family Funds | \$ 47,821 |
| Books, Supplies, and Health Ins | \$ 7,893 | On-Campus Employment | \$ |
| TOTAL | \$ 47,821 | TOTAL | \$ 47,821 |

REMARKS

{1080}Please Note: THERE ARE NO EXTENSIONS FOR LATE ARRIVALS. Students should arrive no later than Aug 14th. Orientation will be held on Aug 17th and 18th. Orientation is MANDATORY. Class Registration will not be permitted after 09/03/2023.

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.

X Donnell Walker **DATE ISSUED** 09 May 2023 **PLACE ISSUED** CLEVELAND, OH

SIGNATURE OF: Donnell Walker, International Education Coordinator

STUDENT ATTESTATION

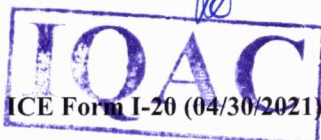
I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United 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: Jaswanthika Sai Koteswari Kattekota **DATE**

X

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



PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601,
Guntur (Dist.), A.P.

UNIVERSITY OF CENTRAL MISSOURI

LEARNING TO A GREATER DEGREE

Jun 13, 2023

20475A0409

Lakshmi Prasanna Kattamuri
Hno: 6-105 Dachepalle
Guntur Andhra Pradesh
India 522414

Your Student ID Number: 700760880

Dear Lakshmi Prasanna,

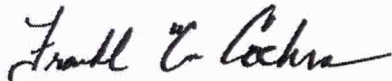
Congratulations! We are pleased to admit you to the M.S. degree program in Cybersecurity 875 at the University of Central Missouri for the fall 2023 semester. You have been granted regular admission which means you have satisfied the University of Central Missouri's minimum English proficiency requirement. This program will be located at the Missouri Innovation Campus: KAN214F00100001.

Classes begin on August 14, 2023. **A mandatory orientation will be held beginning on August 7, 2023 that you must attend in order to enroll.** You will receive additional emails about orientation, arrival expectations, and other useful information to help you as you plan for your arrival to UCM.

Reminder – Prior to the start of the semester, all final official transcripts (evaluations) that meet GPA requirements, from all college/post-secondary institutions attended must be submitted. Additional testing may be required upon arrival.

Please include your student ID number in all future contact with this office. If you have any questions after reading through the material, please contact us at iss@ucmo.edu or by phone at (660) 543-4092. We wish you well as you begin your journey to the University of Central Missouri.

Sincerely,



Cord Cochran
International Student Advisor, ISS
Designated School Official
University of Central Missouri
Phone: 660-543-4092



OPPORTUNITY IN ACTION



Equal Education and Employment Opportunity


PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601.
Guntur (Dist.), A.P.

SEVIS ID: N0034252175

20475A0207

| | | |
|---|--|---|
| SURNAME/PRIMARY NAME Yenugudhati | GIVEN NAME Sneha Sai Raju | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Sneha Sai Raju Yenugudhati | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Guntur | DATE OF BIRTH 20 APRIL 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|---|
| SCHOOL NAME California State University California State University, Fresno | SCHOOL ADDRESS 5150 N. Maple, JA 56, California State University, Fresno, Fresno, CA 93740 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Marin Winek International Admission and Recruitment Assistant | SCHOOL CODE AND APPROVAL DATE SFR214F00625000 02 OCTOBER 2002 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Electrical and Computer Engineering 14.4701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 22 JULY 2023 |
| START OF CLASSES 21 AUGUST 2023 | PROGRAM START/END DATE 21 AUGUST 2023 - 21 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 15,488 | Personal Funds | \$ 27,990 |
| Living Expenses | \$ 10,000 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ |
| Health Insurance and Books | \$ 2,502 | On-Campus Employment | \$ |
| TOTAL | \$ 27,990 | TOTAL | \$ 27,990 |

REMARKS

Mandatory participation in California State University, Fresno approved international student health insurance plan. REQUIRED International Orientation on August 17, 2023.

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"/> | <i>Marin Winek</i> | DATE ISSUED 13 April 2023 | PLACE ISSUED Fresno, CA |
| SIGNATURE OF: Marin Winek, International Admission and Recruitment Assistant | | | |

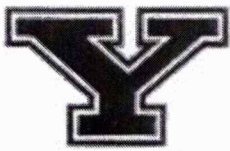
STUDENT ATTESTATION

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"/> | <i>Sneha Sai Raju Yenugudhati</i> | DATE |
| SIGNATURE OF: Sneha Sai Raju Yenugudhati | | |
| <input checked="" type="checkbox"/> | <i>[Signature]</i> | DATE |
| NAME OF PARENT OR GUARDIAN | | ADMISSION OFFICIAL (name of province/country) |

NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601,
Guntur (Dist.), A.P.





Sai Siva Vara Prasad Aratipamula
3-6-34/31 3rd Line Pathru Narasaropet Guntur
Andhra Pradesh
Guntur
IN

20475A0224

Dear Sai Siva Vara Prasad Aratipamula,

Congratulations! We are pleased to inform you that your application for admission to the College of Graduate Studies of Youngstown State University has been approved. Your legal resident status for tuition purposes is non-resident.

You have been accepted for the Fall 2023 term in the Master of Science in Engineering--Electrical Engineering Program as a regular student. An advisor will be assigned upon your arrival.

***International students who apply for admission to the College of Graduate Studies prior to the completion of all bachelor's degree coursework and the awarding of the bachelor's degree need to have a final evaluation completed. Please have your final official transcript sent to the university as soon as all grades are posted. Proof of degree (notation on transcript, provisional certificate, or degree/diploma) is required for admission to the College of Graduate Studies.*

If final official transcripts for all institutions attended and proof of degree are not received by the end of your first enrolled semester, further registration will not be permitted.

Please have your official documents sent as soon as possible to the College of Graduate Studies. Transcripts can be mailed to:

Youngstown State University
College of Graduate Studies
1 University Plaza
Youngstown, OH 44555


The International Programs Office will be contacting you regarding your Form I-20 (Certificate of Eligibility) and any additional documents that we may need. You will need the I-20 in order to request a visa from the United States Consulate and to pass through Immigration when entering the United States. You are required to physically report to the International Programs Office (IPO) to complete initial registration of the I-20. The IPO will contact you with orientation dates.

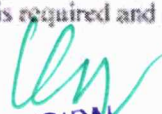
You are not eligible to register for courses until after you have received your visa. If you are no longer able to attend YSU after registering for courses, you must follow the withdrawal process as soon as possible to avoid financial implications.

The Student and Exchange Visitor Information System (SEVIS) I-901 fee is required of all foreign nationals who come to the United States for the purpose of pursuing a full course of study in institutions such as colleges, universities, and language training programs. For more information on this fee, consult the following website: <https://www.fmjfee.com/i901fee/index.jsp>.

For the best health care possible, it is important to bring any record or history of health care or immunizations for disease that you have had. Because of the high cost of health care in the United States, health insurance is required and may be purchased on campus.

We are looking forward to your arrival at Youngstown State University.


IQAC
Salvatore A. Scobbe
Dean, College of Graduate Studies


PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601
Guntur (Dist.), A.P.

SEVIS ID: N0034735659

20475A0230

| | | |
|---|--|---|
| SURNAME/PRIMARY NAME Bhavirisetty | GIVEN NAME Renanth Nagasai | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Renanth Nagasai Bhavirisetty | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 07 NOVEMBER 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|--|
| SCHOOL NAME Saint Louis University Saint Louis University | SCHOOL ADDRESS One Grand Boulevard, DuBois Hall, St. Louis, MO 63103 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL John Anpomah International Student Advisor | SCHOOL CODE AND APPROVAL DATE KAN214F10192000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Engineering, General 14.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 18 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 17 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 21,000 | Personal Funds | \$ 49,000 |
| Living Expenses | \$ 16,500 | Global Graduate Scholarship | \$ 750 |
| Expenses of Dependents (0) | \$ 0 | Funds From Another Source | \$ 0 |
| Other | \$ 0 | On-Campus Employment | \$ 1,000 |
| TOTAL | \$ 37,500 | TOTAL | \$ 49,750 |

REMARKS

Student must report to university within 7 days of program start date on I-20 or I-20 will be void

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.

John Anpomah
SIGNATURE OF: John Anpomah, International Student Advisor

DATE ISSUED: 14 July 2023

PLACE ISSUED: St. Louis, MO

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: Renanth Nagasai Bhavirisetty

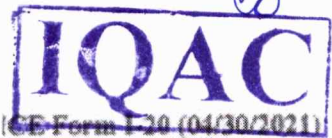
DATE

NAME OF PARENT OR GUARDIAN

X SIGNATURE

ADDRESS (city/state of residence/country)

[Signature]
PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601
Guntur (Dist.), A.P.





SRM INSTITUTE OF SCIENCE AND TECHNOLOGY

(Deemed to be University u/s 3 of UGC Act, 1956)

Ref : SRM/DOA/23021001163

Allotted Date : 13-06-2023

20475A0251

Provisional Allotment Letter (PAL)

| | |
|-------------------------------------|---|
| Student Name | BASIREDDY MYTHILI |
| Parent/Guardian Name | Venkatarami Reddy |
| Student ID | 602823 |
| Academic Year | 2023-2024 |
| Programme & Branch / Specialization | M.Tech.-Embedded System Technology [PG - FT - ACADEMIC] |
| Campus | Faculty of Engineering and Technology, Kattankulathur |
| Resident Category | Domestic |
| #Scholarship Category | - |

Fee Estimation

| Fee Particulars | I Year 2023-2024 | II Year 2024-2025 | Total |
|---------------------|---------------------|----------------------|------------------|
| Tuition Fees | 160000.00 | 160000.00 | 320000.00 |
| Registration Fee | 10000.00 | 0.00 | 10000.00 |
| #Scholarship Amount | 0.00 | 0.00 | 0.00 |
| Total | 170000.00 | 160000.00 | 330000.00 |

Note:

a) The Provisional Allotment Letter(PAL) is issued based on the preliminary scrutiny of your application and other documents submitted, subject to the condition that the eligibility criteria is satisfied as per the University norms in the Qualifying examination and submission of the original certificates during Enrollment.

b) Books, CDC and any other fees are as applicable to the respective campuses.

This allotment stands cancelled if the balance fee (if any) is not paid on or before the stipulated time. You are advised to pay the balance tuition fee through RTGS/NEFT/IMPS.

This is a system generated receipt. Hence, it does not require any signature.




PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601
Guntur (Dist.), A.P.



16471A0353

International students - Pre-Conditional Offer of Place

Date: 17-10-2023

Dear Punna Reddy Telluri

Congratulations!

I am delighted to make you a **provisional offer** of a place to study the Full Time **MSc Management (with Professional Development and Planning (PDP module))** programme here with us at BPP University in our **London Portsoken Street Campus**

The MSc (with Professional Development and Planning (PDP) module) programme starts in December 2023 and the standard length of your programme is 18 months. The list price of the programme is **£18,900** but you are eligible for a special offer price of **£16,630** giving you saving of **£2,270**

Fee Breakdown

Your fees are broken down as follows:

- 1st instalment of £10,000 upon enrolment before a CAS is issued and 2nd instalment of £2,850 due by 04 April 2024 and Final instalment of £3,780 due by 04 September 2024

Please note: In addition to your programme fees there may be additional costs associated with your studies, which are detailed on the relevant programme page on bpp.com.

The full terms and conditions which apply to this offer and your programme are provided with this offer. You will also find the International Student Guide, 18 Month Programmes Work Experience: Additional Terms and Conditions, Wellbeing & Learning Pocket Guide, Student Visa Credibility Interview Information, Contact Details Registration Form.

What to do next

In order to accept your place you will need to do the following:

- Pay an initial deposit of £500 directly to the BPP University through BPP University Bank details
- Complete the acceptance form (Form 3, Page 14) appended to the **Terms and Conditions**
- Pay [pay the full 1st year fee] (details of how to pay are listed in the acceptance form appended to the **Terms and Conditions**).
- Complete the Acceptance Form for the 18 Month Programmes Work Experience
- Complete the Contact Details Registration Form
- **Proof of meeting academic requirement for entry onto the course:**
 - A 2:2 Honours degree from a recognised university or the equivalent international qualification
 - For MSc Management with Data Analytics: the Degree must be in the STEM field or 2:1 Honours degree in any subject from a recognised university or the equivalent international qualification
- **Proof of meeting BPP English proficiency requirements for entry onto the course. Please refer to the following link for the English Entry Methods and Requirements:** <https://s3-eu-west-1.amazonaws.com/bppassets/public/assets/pdf/brochures/Uni-English-Requirements-International-Students-PDF.pdf>
- **Statement of purpose detailing why you wish to undertake this course**
- **Completed UK Visa History Questionnaire and copies of all associated CAS Letters, visas and educational documents**
- **UKVI Compliant Bank Statement showing the sufficient funds for maintenance. The funds must be held for a minimum of 28 consecutive days (finishing on the date of the closing balance) ending no more than 31 days before your intended visa application date.**
- **Up-to-date CV**

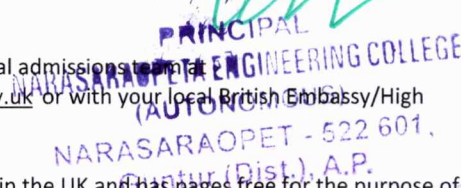
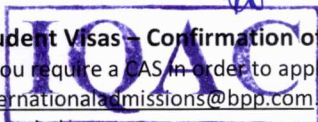
All conditions must be met in order to secure your place. To confirm your place you must complete the acceptance process by **October 2023**.

If you do not wish to accept this place, you must complete the rejection of place form (Form 4) appended to the Terms and Conditions and return it to BPP UNIVERSITY, BPP HOUSE ALDINE PLACE, 142-144 UXBRIDGE ROAD, LONDON W12 8AW or internationaladmissions@bpp.com

Student Visas – Confirmation of Acceptance of Studies (CAS)

If you require a CAS in order to apply for your visa, you can request one by contacting the international admissions team at internationaladmissions@bpp.com. You must check your UK immigration requirements at ukvisas.gov.uk or with your local British Embassy/High Commission.

Please make sure your passport has sufficient validity at least 6 months prior to your intended arrival in the UK and has pages free for the purpose of the 'sticker visa'.



TEXAS  STATE
UNIVERSITY

The rising STAR of Texas

April 4, 2023

Gopinadh Podila
Dno: 4-36, Panidam, Sattenapalli Mandal
Guntur, Andhra Pradesh 522403
India

Dear Gopinadh,

Congratulations! You have been accepted for graduate studies at Texas State University effective Fall 2023 to pursue a Master of Science (MS) in Engineering - Mechanical and Manufacturing Engineering.

Now that you have been admitted, here are some essential items to help you get started:

Keep your Texas State ID safe and accessible. Your ID is **A05309078**. Please include this on all correspondence with the university. In addition to your Texas State ID, you also have a NetID (**luv14**). We encourage you to activate your NetID in order to log in to Texas State online services. You will use your NetID to set up your Texas State email address, also known as BobcatMail, which is the university's official communication channel for all things related to your student experience. When entering your Texas State email address, use this format: **luv14@txstate.edu**.

Send us your official transcripts (including mark sheets, if applicable). All students must have official transcripts/mark sheets sent directly from their previous institutions on file before they can register. Please request official transcripts from each of your previous institutions to send to Texas State. A hold will remain on your student record until the official transcripts are received. You can check which transcripts you need to submit through your application portal.

Specifically, your successful and continued enrollment in the Engineering - Mechanical and Manufacturing Engineering program will be dependent upon the receipt of the following documents:

— Narasaraopeta Engineering College (Need Official Transcript)

Let us know if you are coming by returning to your application portal and completing the Admission Offer Reply Form. (Responses are not required before April 15 when applying for fall entry.) If you are unable to enroll in Fall 2023, please contact our office as acceptance for future semesters is not guaranteed. Review this and other enrollment policies in further detail.

Apply for scholarships. We provide a range of options to help you fund your graduate studies from competitive scholarships and fellowships to travel funds. We even maintain a database that houses over 1,200 external merit-based opportunities specific to Texas State students.

Review your degree audit: Your degree audit will specify the course work required to complete your

The Graduate College
601 University Drive | San Marcos, Texas 78666-4684 | phone 512.245.2581 | fax 512.245.8365 | www.txstate.edu

Texas State University was founded in 1899.

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM




PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601
Guntur (Dist.), A.P.



OFFICE OF ADMISSIONS

126 Park Avenue, Bridgeport, CT 06604
1.800.EXCEL.UB or 203.576.4552
Fax: 203.576.4552 E-mail: admit@bridgeport.edu
www.bridgeport.edu

19471A0342

April 21, 2023

Yaswanth Sai Vadlamudi
Dno.1-108,Balemarru,Krosuru Mandal
Guntur, Andhra Pradesh 522410
India

Student ID: 1209571

Dear Yaswanth Sai,

Congratulations on your admission to the University of Bridgeport's Mechanical Engineering (M.S.) program for the Fall 2023 semester! We applaud your commitment to your professional development and wish you success in reaching your educational and career goals.

To begin the I-20 process, please visit your application portal at bridgeport.edu/nextsteps and make sure you have uploaded the following documents needed to process your I-20:

1. Official Bank Statement, dated within the last 6 months
2. Passport Biographical Page
3. Affidavit of Financial Support - This can be completed online at bridgeport.edu/affidavit

All new students must report to campus on **August 30, 2023**. Classes for the Fall Session begin **September 5, 2023**. Please plan your travel accordingly to ensure your attendance.

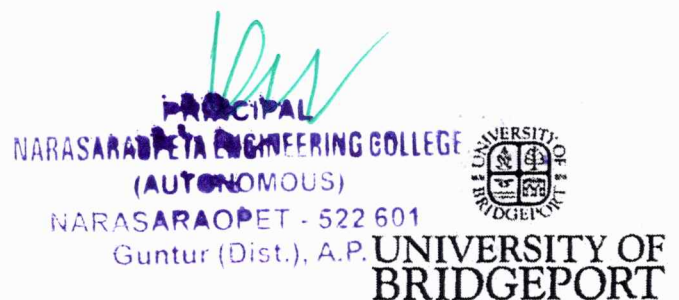
Please note the following information:

- You must submit the following documents on or before your arrival date to campus:
 - * Official test scores required to secure your admission
 - * All final official transcripts/mark sheets and degree certificates from previous institutions attended
- Health Insurance enrollment through the University is automatic and mandatory.
- Tuition and fees are subject to change.

On behalf of the entire University of Bridgeport community, congratulations on this exciting accomplishment. We hope you choose to join us for the Fall 2023 semester. It is clear from your application you are excited for this challenge, strive for excellence and want to make a difference in the world.

Sincerely,

Allison Garris, Ed.D.
Dean of Admissions





University of New Haven

April 04, 2023

20475A0384
21

Nikhil Kumar Kukkamalla
7-63, S.C Colony, Perecherla
Guntur, Andhra Pradesh 522005
India

Congratulations, Nikhil Kumar!

On behalf of President Steven H. Kaplan and our family of over 60,000 alumni, I am delighted to inform you that you have been accepted into our **Mechanical Engineering, MS** program for the **2023** term.

At the University of New Haven, we are confident you will have an exceptional graduate experience and will build a strong network necessary for success in today's highly competitive world. Our rigorous academic programs and dedicated faculty will assist you in fulfilling your career goals and will set you on the path to professional growth.

We are guided by the following core values as they are the foundational elements of our culture and how we approach issues and make decisions essential to advancing the University of New Haven Mission.

- **Student Centered:** We place their success at the center of our decisions and activities to cultivate their full potential academically and personally.
- **Engaged and Inclusive Community:** We foster and celebrate diversity, inclusion, equity and access and strive for continuous improvement of these.
- **Impactful Education:** We intentionally engage our students in experiential education to prepare them for purposeful and fulfilling lives in a global society.

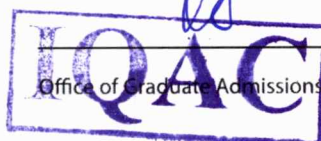
To begin the process of enrolling at the University of New Haven, please complete your offer rep form within your Accepted Student Portal by April 19, 2023. Once you have received your F-1 v. (passport stamped by the US Embassy), you will need to pay an enrollment deposit of \$500 to enroll if your seat is confirmed for your program. The enrollment deposit is \$500 for students living off campus or \$700 for students looking for on-campus residential housing. An enrollment deposit is required for all graduate students who decide to attend the University of New Haven. Your acceptance is contingent upon the receipt of all final official documents and official test scores, if applicable.

We look forward to you joining our community and wish you every success in the future.

Sincerely,

Abigail Burkhardt
Director of International Admissions

PRINCIPAL
NARASARAOPETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAOPET - 522 601
Guntur (Dist.), A.P.



SEVIS ID: N0034585851

20471A4316

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Boonaboina | GIVEN NAME Ravi Teja | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Ravi Teja Boonaboina | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 25 JUNE 1995 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|--|
| SCHOOL NAME Gannon University Gannon University | SCHOOL ADDRESS 109 University Square, Erie, PA 16541 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Lynne Wright Administrative Secretary, Global Admissions & Outreach | SCHOOL CODE AND APPROVAL DATE PHI214F10228000 16 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Information Technology 11.0103 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Not Required | ENGLISH PROFICIENCY NOTES ON-CAMPUS ESL WILL BE PROVIDED IF NEEDED. | EARLIEST ADMISSION DATE 24 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 23 AUGUST 2023 - 10 MAY 2025 | |

FINANCIALS

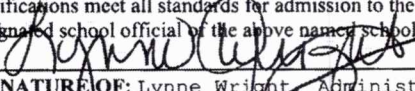
| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 22,360 | Personal Funds | \$ 0 |
| Living Expenses | \$ 7,000 | International Award | \$ 3,000 |
| Expenses of Dependents (0) | \$ | Family | \$ 57,309 |
| Books and Insurance | \$ 1,480 | On-Campus Employment | \$ |
| TOTAL | \$ 30,840 | TOTAL | \$ 60,309 |

REMARKS

THE GRE/GMAT TEST IS NOT REQUIRED FOR ADMISSION PER INDUSTRY AND PROJECT BASED REQUIREMENTS; STUDENT HAS RECEIVED AN INTERNATIONAL AWARD OF \$1,500.00 TO BE DEDUCTED FROM TUITION AND FEES PER SEMESTER REGISTERED FOR EACH SEMESTER OF FULL-TIME ENROLLMENT.

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.

X  **DATE ISSUED** 06 June 2023 **PLACE ISSUED** Erie, PA

SIGNATURE OF: Lynne Wright, Administrative Secretary, Global Admissions & Outreach

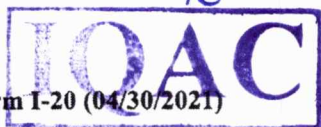
STUDENT ATTESTATION

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: Ravi Teja Boonaboina **DATE** _____

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



18-578

SEVIS ID: N0034217134

| | | |
|--|---|---|
| SURNAME/PRIMARY NAME Karnati | GIVEN NAME Veera Reddy | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Veera Reddy Karnati | PASSPORT NAME KARNATI VEERA REDDY | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH GANGADONA KONDA | DATE OF BIRTH 14 MAY 2001 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|--|---|
| SCHOOL NAME Kennesaw State University Kennesaw State University | SCHOOL ADDRESS 480 BARTOW AVE NW, Suite 5625, MD 4804, KENNESAW, GA 30144 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Jordan Anderson International Student Advisor | SCHOOL CODE AND APPROVAL DATE ATL214F00582000 23 SEPTEMBER 2002 |

PROGRAM OF STUDY

| | | |
|--|--|--|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer Science 11.0701 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 09 DECEMBER 2023 |
| START OF CLASSES 08 JANUARY 2024 | PROGRAM START/END DATE 08 JANUARY 2024 - 08 JANUARY 2026 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|--|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 21,174 | Personal Funds | \$ 55,019 |
| Living Expenses | \$ 12,947 | Funds From This School | \$ |
| Expenses of Dependents (0) | \$ | Funds From Another Source | \$ |
| books, breaks, insurance, supplies, tr | \$ 10,416 | On-Campus Employment | \$ |
| TOTAL | \$ 44,537 | TOTAL | \$ 55,019 |

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.

Jordan Anderson **DATE ISSUED** 24 August 2023 **PLACE ISSUED** KENNESAW, GA
SIGNATURE OF: Jordan Anderson, International Student Advisor

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. - 522 691.**

Veera Reddy Karnati **DATE** _____
SIGNATURE OF: Veera Reddy Karnati

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

18411705155

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: N0034520384

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Thota | GIVEN NAME Bharath Kumar | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Bharath Kumar Thota | PASSPORT NAME | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH Amaravati | DATE OF BIRTH 08 JUNE 2000 | |
| FORM ISSUE REASON CONTINUED ATTENDANCE | ADMISSION NUMBER | |

SCHOOL INFORMATION

| | |
|---|---|
| SCHOOL NAME Webster University Webster University | SCHOOL ADDRESS Office of International Services, 470 East Lockwood Ave, St. Louis, MO 63119 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Miriam Voigt DSO | SCHOOL CODE AND APPROVAL DATE KAN214F10197000 04 FEBRUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--------------------------------|
| EDUCATION LEVEL MASTER'S | MAJOR 1 Computer/Information Technology Services Administration and Management, Other 11.1099 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE |
| START OF CLASSES 14 AUGUST 2023 | PROGRAM START/END DATE 14 AUGUST 2023 - 20 DECEMBER 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 17,520 | Personal Funds | \$ 0 |
| Living Expenses | \$ 9,373 | 15% Tuition Scholarship | \$ 2,628 |
| Expenses of Dependents (0) | \$ 0 | Student Loan | \$ 49,501 |
| Health Insurance | \$ 1,124 | On-Campus Employment | \$ 0 |
| TOTAL | \$ 28,017 | TOTAL | \$ 52,129 |

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.

Miriam Voigt **SIGNATURE OF:** Miriam Voigt, DSO **DATE ISSUED** 25 September 2023 **PLACE ISSUED** St. Louis, MO

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.**

SIGNATURE OF: Bharath Kumar Thota **DATE** _____

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

SEVIS ID: N0034589238

| | | |
|--|--|---|
| SURNAME/PRIMARY NAME Polisetty | GIVEN NAME Jyothi Srilakshmi | Class of Admission F-1 ACADEMIC AND LANGUAGE |
| PREFERRED NAME Jyothi Srilakshmi Polisetty | PASSPORT NAME 17471A05B8 | |
| COUNTRY OF BIRTH INDIA | COUNTRY OF CITIZENSHIP INDIA | |
| CITY OF BIRTH | DATE OF BIRTH 03 MARCH 2000 | |
| FORM ISSUE REASON INITIAL ATTENDANCE | ADMISSION NUMBER 9515312232 | |

SCHOOL INFORMATION

| | |
|--|---|
| SCHOOL NAME Saint Louis University Saint Louis University | SCHOOL ADDRESS One Grand Boulevard, DuBourg Hall, St. Louis, MO 63103 |
| SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Miriam Voigt DSO | SCHOOL CODE AND APPROVAL DATE KAN214F10192000 17 JANUARY 2003 |

PROGRAM OF STUDY

| | | |
|--|---|--|
| EDUCATION LEVEL TER'S | MAJOR 1 Computer and Information Sciences, General 11.0101 | MAJOR 2 None 00.0000 |
| PROGRAM ENGLISH PROFICIENCY Required | ENGLISH PROFICIENCY NOTES Student is proficient | EARLIEST ADMISSION DATE 18 JULY 2023 |
| START OF CLASSES 23 AUGUST 2023 | PROGRAM START/END DATE 17 AUGUST 2023 - 31 MAY 2025 | |

FINANCIALS

| ESTIMATED AVERAGE COSTS FOR: 9 MONTHS | | STUDENT'S FUNDING FOR: 9 MONTHS | |
|---------------------------------------|------------------|---------------------------------|------------------|
| Tuition and Fees | \$ 18,000 | Personal Funds | \$ 0 |
| Living Expenses | \$ 16,500 | Scholarship | \$ 2,500 |
| Expenses of Dependents (0) | \$ 0 | Family Funding | \$ 31,000 |
| Other | \$ 0 | On-Campus Employment | \$ 1,000 |
| TOTAL | \$ 34,500 | TOTAL | \$ 34,500 |

REMARKS

Student must report to university within 7 days of program start date on I-20 or I-20 will be void

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.

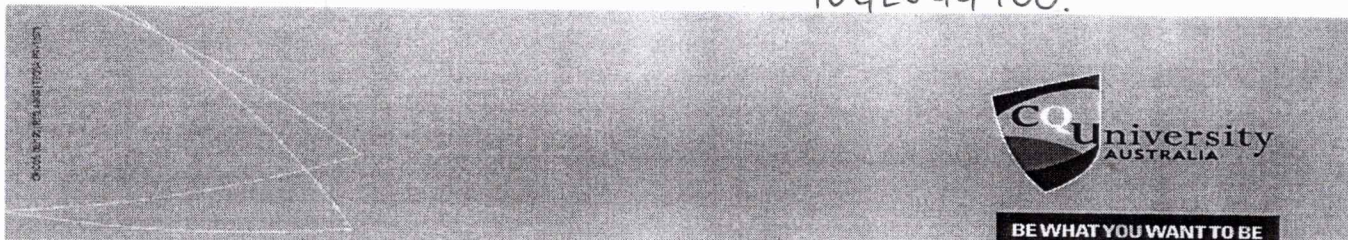
| | | |
|--|------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> SIGNATURE OF: Miriam Voigt DSO | DATE ISSUED 06 June 2023 | PLACE ISSUED ST. LOUIS, MO |
|--|------------------------------------|--------------------------------------|

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: Jyothi Srilakshmi Polisetty | DATE |
| NAME OF PARENT OR GUARDIAN | SIGNATURE |
| ADDRESS (city/state or province/country) | DATE |

18471A05E0
9642644900.



4 December 2023

Student ID: 12269477

Venkateswarlu Guپtha GRANDHE
KC Overseas Education Private Limited - Head Office - India - Nagpur
Plot No. 10/2, I.T.Park, Behind Infotech Tower
Opp. V.N.I.T. Engineering College, Parsodi
Nagpur MH 440022
INDIA

CONDITIONAL LETTER OF OFFER

Dear Venkateswarlu Guپtha

Congratulations! Your application to study Master of Information Technology at CQUniversity has been successful.

We are also delighted to confirm that you have been awarded the International Student Scholarship. The scholarship entitles you to a 25% reduction in the tuition fees for the duration of your main course of study.

OFFER DETAILS

MASTER OF INFORMATION TECHNOLOGY - CC54

| | |
|--|---|
| Program/Course duration: | 2 years |
| Estimated Recognition of Prior Learning (RPL) | 0 credit points |
| Estimated total term/study periods to complete: | 4 Compulsory Study Periods of 14 weeks duration each |
| Campus: | Melbourne |
| CRICOS Number: | 083576F |
| Attendance: | Full-time (Internal Mode of Study) |
| Orientation: | Week commencing 26 February 2024 - Attendance is compulsory |
| Commencement date: | 4 March 2024 |
| Estimated completion date: | 1 November 2025 |
| Estimated fee per term/compulsory study period: | AU\$17898 |
| Scholarship for first study period: | AU\$4,475 |
| Indicative Tuition Fee Per Term after Scholarship: | AU\$13,423 |

PRINCIPAL
NARASARAO PETA ENGINEERING COLLEGE
(AUTONOMOUS)
NARASARAO PETA - 522 601
Guntur (Dist) A.P.

CONDITIONS

This offer is subject to the conditions and requirements (if any) listed below. Please note that the conditions outlined in this Letter of Offer must be met prior to issuance of your Confirmation of Enrolment (COE) unless the condition relates to a course being undertaken through CQUniversity or an approved packaged partner.

- It is a condition of this offer that the attached Admissions Statement of Purpose is completed to support your intention to further your education in Australia. Please ensure your responses are in your own words and have addressed all questions thoroughly.
- This Letter of Offer is conditional on positive verification of all supporting documents submitted as part of your application. These include academic documents, English language proficiency scores, work experience documents and financial documents that are provided to the university.
- The Offer Acceptance deposit should not be paid until you have received written confirmation and approval to pay the deposit from South Asia Admissions Manager.

ACCEPTANCE FEE FOR ADMISSION