	FRES California S	State University, Fresno		
	VISA INFO	DRMATION FORM	Л	
NAME: Asshpacet S First Name -	Last Family Name - Middle Ir	nitial	BIRTHDATE:	806/2-007 MM/DD/YYYY
Do you now hold a valid Ų.S. visa	a? 🔿 Yes 💿 No	lf Yes, what type (F-1	, J-1, E-2, etc.):	
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ir you hold an F-1 visa, list the in	stitution that issued you	ur I-20, and your SEVIS Identi	ication numbe	(top right-corner of 1.20)
If you hold an F-1 visa, list the in INSTITUTION / SCHOOL: f you hold a 1-1 visa, list the inst		YOUR SEV	IS ID #:	
NSTITUTION / SCHOOL: f you hold a J-1 visa, list the insti email address, phone, and fax nu	tution that issued your	YOUR SEV	IS ID #: 	
f you hold an F-T visa, list the in NSTITUTION / SCHOOL: f you hold a J-1 visa, list the insti mail address, phone, and fax nu NSTITUTION / SCHOOL:	tution that issued your	YOUR SEV DS-2019, and your SEVIS Iden le Officer at this institution:	IS ID #: ntification num S ID #:	
f you hold a J-1 visa, list the insti email address, phone, and fax nu NSTITUTION / SCHOOL: ESPONSIBLE OFFICER (RO):	tution that issued your mber of the Responsibl EMAN	YOUR SEV DS-2019, and your SEVIS Iden le Officer at this institution: YOUR SEVI PHONE:	IS ID #: ntification num S ID #: F	ber. Also give the nam
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Statement of Financial Sponsorship

Students must have sufficient money to meet all expenses while attending California State University, Fresno. The amount needed for one academic year is approximately \$23,000 for graduate students and \$26,000 for undergraduate students. Please complete the information below about your sponsor. <u>Request your sponsor to send a bank letter/statement showing amount and source of support</u>. If your sponsor is a government agency, organization, or other group, you must attach a separate letter from your sponsor that includes the terms of the sponsorship (in English).

SPONSOR'S NAME: Menalisti		Section of Contraction
SPONSOR'S ADDRESS: HND 484 WNO 23, S	arder plages Hoga -142001 T	-
SPONSOR'S PHONE NUMBER(S):	18345	rand
SPONSOR'S RELATIONSHIP TO YOU:		,

(i.e. PARENT, UNCLE, FRIEND, ETC.)

•		State University, Fresno ORMATION FORN		*
NAME: Accelop dee First Name - L	et Singh ast/Family Name - Middle	Initial	BIRTHDATE:	08 06 200 MM/DD/YYY
Do you now hold a valid U.S. visa?	? 🔿 Yes 💿 No	D If Yes, what type (F-1,	, J-1, E-2, etc.):	
If you hold an F-1 visa, list the inst INSTITUTION / SCHOOL:	itution that issued yo	our I-20, and your SEVIS Identifi YOUR SEVI		r (top right-corner of I-20):
If you hold a J-1 visa, list the institu email address, phone, and fax nun INSTITUTION / SCHOOL: 	ution that issued you nber of the Responsib EMAIL:		5 ID #:	
INSTITUTION / SCHOOL:		ble Officer at this institution:	5 ID #:	ber. Also give the name
INSTITUTION / SCHOOL: RESPONSIBLE OFFICER (RO):	EMAIL:	PHONE:	5 ID #: F	
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INSTITUTION / SCHOOL: RESPONSIBLE OFFICER (RO): f family members will be coming t. NAME	EMAIL:	PHONE:	5 ID #: F n below:	RELATIONSHIP
INSTITUTION / SCHOOL: RESPONSIBLE OFFICER (RO): f family members will be coming t. NAME	EMAIL:	PHONE:	5 ID #: F n below:	RELATIONSHIP
INSTITUTION / SCHOOL: RESPONSIBLE OFFICER (RO): f family members will be coming t. NAME	EMAIL: The USA with you, p BIRTHDATE (MM/DD/YYY) Statement of	PHONE: PHONE: Delease complete the informatio COUNTRY OF BIRTH	5 ID #: F n below: GENDER (MorF)	AX: RELATIONSHIP (i.e. SPOUSE, SON, DAUGHTER)

SPONSOR'S NAME: Balfindere Singh	
SPONSOR'S ADDRESS: Fratap Linge boad Maria Pin	tat' T 1
SPONSOR'S PHONE NUMBER(S):97-97-81648345	the Judia
SPONSOR'S RELATIONSHIP TO YOU: Father	1
(in DADENT UNCLE FORTH THE	1.

(i.e. PARENT, UNCLE, FRIEND, ETC.)

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	VISAINF	ORMATION	FORM	1	
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NAME: Arship fee First Name - La:	tt / Family Name - Middle	Initial	Β	IRTHDATE:	0 8 06/2003
Do you now hold a valid U.S. visa?	○ Yes ● No	lf Yes, wh	at type (F-1,	J-1, E-2, etc.):	
If you hold an F-1 visa, list the instit	ution that issued yo	our I-20, and your S	EVIS Identifi	cation numbe	r (top right-corner of I-20).
INSTITUTION / SCHOOL:			YOUR SEVI		(is the fight content of 20).
If you hold a J-1 visa, list the institut email address, phone, and fax numl INSTITUTION / SCHOOL:	tion that issued your	r DS-2019, and you ble Officer at this in	r SEVIS Iden stitution: YOUR SEVIS		ber. Also give the name
RESPONSIBLE OFFICER (RO):	EMAIL:		PHONE:		FAX:
If family members will be coming to	the USA with you, p	please complete th	e informatio	n below:	
(FIRST, LAST, MIDDLE INITIAL)	BIRTHDATE (MM/DD/YYYY)	COUNTRY OF		GENDER	RELATIONSHIP
к				(M or F)	(i.e. SPOUSE, SON, DAUGHTER)
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SPONSOR'S NAME:	Pritam	kaur			
SPONSOR'S ADDRESS:	uglipula	fift	Morga	Puida	9 1:
SPONSOR'S PHONE NUMBER(S):	0 + +91	-9781	6490 34	T	printing
SPONSOR'S RELATIONSHIP TO Y	OU: Aur	t	(2 C
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(i.e. PARENT, UNCLE, FRIEND, ETC.)



Release of Information Declaration

Please print all items except signature

(Student's Full Name)	1. Arshpreet Singh
(Date of Birth), herby declare that	born on August 06, 2002
(Name of individual or agency)	0
pula, Moga, fuy ab-142011 (Address) India	ear & Spublic School, NO. Bugh
fb @ gnail · com (E-mail)	all sigh of

is authorized to inquire about and have access to information about my application to Murray State University. I hereby authorize Murray State University to discuss my application and admission status with the above named individual until further written and signed authorization from me.

In addition, I request that you send all correspondence about my application to both the above named individual and me to further expedite my application process.

pret Signature of Student .

STATEMENT OF EQUAL OPPORTUNITY

Murray State University endorses the intent of all federal and state laws created to prohibit discrimination. Murray State University does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age, veteran status, or disability in employment, admissions, or the provision of services and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities equal access to participate in all programs and activities. For more information, contact the Director of Equal Opportunity, Murray State University, 103 Wells Hall, Murray, KY 42071-3318. 270.809.3155 (voice), 270.809.3361 (TDD).