Department of Homeland Security

U.S. Immigration and Customs Enforcement

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

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SEVIS II): NO	0339	001	76

SURNAME/PRIMARY NAME

Vishal

PREFERRED NAME

Vishal

COUNTRY OF BIRTH

INDIA

FORM ISSUE REASON

CITY OF BIRTH

INITIAL ATTENDANCE

GIVEN NAME

PASSPORT NAME

COUNTRY OF CITIZENSHIP

INDIA

DATE OF BIRTH 06 FEBRUARY 1997

ADMISSION NUMBER

Class of Admission



ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME

Murray State University

Murray State University

SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Adriana Velazquez Admissions Assistant I

SCHOOL ADDRESS

Blackburn Science Building, Room B0019, MURRAY, KY

SCHOOL CODE AND APPROVAL DATE

NOL214F10714000 01 AUGUST 2002

PROGRAM OF STUDY

EDUCATION LEVEL

MAJOR 1

Business Administration and

Management, General 52.0201

MAJOR 2

None 00.0000

PROGRAM ENGLISH PROFICIENCY

Required

BACHELOR'S

ENGLISH PROFICIENCY NOTES

Student is proficient

EARLIEST ADMISSION DATE

10 JULY 2023

START OF CLASSES

15 AUGUST 2023

PROGRAM START/END DATE

09 AUGUST 2023 - 08 AUGUST 2027

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 8 MONTHS	S		STUDENT'S FUNDING FOR: 8 MONTHS			
Tuition and Fees	\$	14,328	Personal Funds	\$	0	
Living Expenses	\$	10,070	Funds From This School	\$	0	
Expenses of Dependents (0)	\$	0	Jagjit Singh-Sponsor	\$	42,068	
Incidental Expenses	\$	2,232	On-Campus Employment	\$		
TOTAL	\$	26,630	TOTAL	\$	42,068	

REMARKS

Funds come from (Jagjit Singh-Sponsor). Health insurance with USD 100,000 min. coverage is mandatory for all international students. Please submit the following items as soon as possible in order to complete your admission file: Sealed Official High School transcript (To be accepted as official, All transcripts must be in a sealed envelope).

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		BL	_	T	7	7					DATE ISSUED	PLACE ISSUED
SIGN	ATURE	OF: Adr	iana	Velaz	quez	, Adr	ission	s Ass.	stant	I	18 January 2023	MURRAY, KY

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