

SEVIS ID: **N0036284802**

SURNAME/PRIMARY NAME Saini	GIVEN NAME Jasmine Kaur	Class of Admission <h1 style="font-size: 2em;">F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Jasmine Kaur Saini	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Machhiwara Khas	DATE OF BIRTH 25 DECEMBER 2005	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION				
<table border="0"> <tr> <td>SCHOOL NAME Lincoln University Lincoln University</td> <td>SCHOOL ADDRESS 401 15th Street, Oakland, CA 94612</td> </tr> <tr> <td>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kaling Au Director of Admissions</td> <td>SCHOOL CODE AND APPROVAL DATE SFR214F00641000 30 JULY 2003</td> </tr> </table>	SCHOOL NAME Lincoln University Lincoln University	SCHOOL ADDRESS 401 15th Street, Oakland, CA 94612	SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Kaling Au Director of Admissions	SCHOOL CODE AND APPROVAL DATE SFR214F00641000 30 JULY 2003
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PROGRAM OF STUDY									
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FINANCIALS	
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS	STUDENT'S FUNDING FOR: 9 MONTHS
Tuition and Fees \$ 10,800	Personal Funds \$ 0
Living Expenses \$ 8,415	Funds From This School \$
Expenses of Dependents (0) \$ 0	Sponsor in India. \$ 26,355
Books & Med. Insurance. \$ 850	On-Campus Employment \$
TOTAL \$ 20,065	TOTAL \$ 26,355

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.

SIGNATURE OF: Kaling Au, Director of Admissions DATE ISSUED: 04 November 2024 PLACE ISSUED: Oakland, CA

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: Jasmine Kaur Saini DATE

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

Student and Exchange Visitor Program: SEVIS I-901 Payment Confirmation

Please print the Payment Confirmation for your records. Reference the confirmation number CCC2503974355 on all inquiries related to your I-901 status. You may be required to produce your payment confirmation for your visa issuance, admission to any United States port of entry, for any change of non-immigrant status, or other United States immigration benefits.

When you go to the Consulate for your visa, you should bring your payment confirmation to prove you have paid the SEVIS fee. If you paid by credit card, this transaction will appear on your credit card bill as "US STUDENT & EV I901 FEE 800-375-5283 VT"

Department of Homeland Security

U.S. Immigration and Customs Enforcement

Notice of Action

UNITED STATES OF AMERICA

CONFIRMATION NUMBER: CCC2503974355	CASE TYPE: I-901 Fee Remittance Form for F-1, F-3, M-1, M-3 and J-1 Non-Immigrants.
PAYMENT DATE: Nov 8, 2024	APPLICANT: JASMINE KAUR SAINI
NAME AND ADDRESS: JASMINE KAUR SAINI RATIPUR ROAD SHRI GURU ARJAN DEC ENCLAVE MACHHIWARA INDIA 141115	NOTICE TYPE: Receipt Notice
	EMAIL ADDRESS: jasminekaursaini1983@gmail.com

JASMINE KAUR SAINI

Your Form I-901 Application and Fee have been received. Please notify us immediately if any of the above information is incorrect.

This fee payment is valid only for your particular course of study or program. If you fall out of status, apply for a new F-1, F-3, M-1, M-3 or J-1 Non-immigrant visa, or if you want to change your Non-immigrant category to an F-1, F-3, M-1, M-3 or J-1, you may be required to pay another fee.

APPLICANT STATUS: F-1, F-3, M-1, or M-3

DATE OF BIRTH: Dec 25, 2005

SCHOOL CODE: SFR214F00641.000

AMOUNT RECEIVED: \$350.00

SEVIS IDENTIFICATION NUMBER: N0036284802

THIS ELECTRONIC RECEIPT SHALL BE USED AS EVIDENCE OF PAYMENT

I-901 Student/Exchange Visitor Processing Fee

P.O. Box 970020

St. Louis, MO 63197-0020

Customer Service Telephone 703-603-3400