## 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: N0032139611

SURNAME/PRIMARY NAME

Maddelavedu

PREFERRED NAME

Pravallika Maddelavedu

COUNTRY OF BIRTH

CITY OF BIRTH

Hyderabad

FORM ISSUE REASON

CONTINUED ATTENDANCE

GIVEN NAME

Pravallika

PASSPORT NAME

COUNTRY OF CITIZENSHIP

DATE OF BIRTH

06 SEPTEMBER 1998

ADMISSION NUMBER

Class of Admission

ACADEMIC AND LANGUAGE

# SCHOOL INFORMATION

SCHOOL NAME

Northwest Missouri State University Northwest Missouri State University

SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL

Brooke Richards

International Involvement Specialist

SCHOOL ADDRESS

Northwest Missouri State University, 800 University

Drive, Maryville, MO 64468

SCHOOL CODE AND APPROVAL DATE

KAN214F00394000

24 JANUARY 2003

# PROGRAM OF STUDY

EDUCATION LEVEL

PROGRAM ENGLISH PROFICIENCY

MASTER'S Required MAJOR 1 Computer Science 11.0701

ENGLISH PROFICIENCY NOTES Student is proficient

MAJOR 2 None 00.0000

EARLIEST ADMISSION DATE

12 JULY 2021

START OF CLASSES 18 AUGUST 2021

PROGRAM START/END DATE

11 AUGUST 2021 - 09 DECEMBER 2022

#### FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS			STUDENT'S FUNDING FOR: 9 MONTHS		
Tuition and Fees	\$	8,922	Personal Funds	\$	0
Living Expenses	\$	5,400	CS/IS Graduate Achievement Scholarship	\$	500
Expenses of Dependents (0)	\$	0	Family	\$	15,147
Health Insurance	\$	1,325	On-Campus Employment	\$	0
TOTAL	\$	15,647	TOTAL	Ş	15,647

### REMARKS

Do not start employment until EAD has been issued by USCIS and it is on or past your approved start date. Updates in employer and/or address are due within 10 days of the change. Report employment and address details through the International Involvement Center Portal.

## SCHOOL ATTESTATION

rmation provided above was entered before I signed this form and is true and correct. I executed this form in the United I certify under penalty of perjury that all inf States after review and evaluation in the U and proof of financial responsibility, which qualifications medicall standards for admiss anted States by me or other officials of the school of the student's application, transcripts, or other records of courses taken ere received at the school prior to the execution of this form. The school has determined that the above named student's on 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 school and am authorized to issue this form cial of th

DATE ISSUED PLACE ISSUED SIGNATURE OF: Brooke Richards, International Involvement 26 October 2022 Maryville, MO

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.

M. Prayaly Ka	AND THE RESERVE OF THE PARTY OF	10 27 2022		
SIGNATURE OF: Pravalitie Maddel	avedu	DATE		
- 36 lv	X			
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE	

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SEVIS ID: N0032139611 EMPLOYMENT AUTHORIZATIONS	The state of the s	NAME: Pr	avallika M	addelavedu		
TYPE POST-COMPLETION OPT	FULL/PART-TIME S	TATUS EQUESTED	START DATE 02 FEBRUARY 2023	END DATE 01 FEBRUARY 2024		
CHANGE OF STATUS/CAP-GAP EX	TENSION					
			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
AUTHORIZED REDUCED COURSE	LOAD					
CURRENT SESSION DATES		100				
CURRENT SESSION START DATE 17 AUGUST 2022	CURRENT SESSION END DATE 09 DECEMBER 2022					
TRAVEL ENDORSEMENT						
This page, when properly endorsed, may be used for endorsement is valid for one year.	or re-entry of the student to attend	I the same school after	a temporary absence from	the United States. Each		
Designated School Official TITLE	SIGNATUR X	E	DATE ISSUED	PLACE ISSUED		
	X					
	X					
	x		20110-00-0			