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: N0013354712

SURNAME/PRIMARY NAME

PREFERRED NAME

Shenrui Jin

COUNTRY OF BIRTH

CHINA

DATE OF BIRTH

13 JANUARY 1993

FORM ISSUE REASON CONTINUED ATTENDANCE

GIVEN NAME

Shenrui

PASSPORT NAME

COUNTRY OF CITIZENSHIP

CHINA

ADMISSION NUMBER

LEGACY NAME

Shenrui Jin

CLASS

ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME

Fordham University

Fordham University - Lincoln Center

SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL

Salvatore Longarino

Director, Office of International Students

SCHOOL ADDRESS

Salvatore C. Longarino, 33 West 60th Street, Room 306,

New York, New York, NY 10023

SCHOOL CODE AND APPROVAL DATE

NYC214F00708001

14 JANUARY 2003

PROGRAM OF STUDY

PROGRAM START DATE

EDUCATION LEVEL

MASTER'S

MAJOR 1

Financial Mathematics 27.0305

PROGRAM ENGLISH PROFICIENCY

NORMAL PROGRAM LENGTH

Required

PROGRAM END DATE

20 DECEMBER 2016

MAJOR 2 None 00.0000

ENGLISH PROFICIENCY NOTES

Student is proficient

27 AUGUST 2015 **FINANCIALS**

18 Months

ESTIMATED AVERAGE COSTS FOR: 12 MON	THS		STUDENT'S FUNDING FOR: 12 MONTHS		
Tuition and Fees	\$	49,366	Personal Funds	\$	0
Living Expenses	\$	24,000	Funds From This School	\$	
Expenses of Dependents (0)	\$		parent	\$	75,000
MandHealthInsr	\$	1,626	On-Campus Employment	, \$	
TOTAL	\$	74,992	TOTAL	\$	75,000

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 SIGNATURE OF: Salvatore Longarino, Director, Office of

DATE ISSUED 01 June 2016

PLACE ISSUED

New York, New York, NY

International Students

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.

					1000	
X						
SIGNATURE OF: SI	nenrui Jin			DATE		

NAME OF PARENT OR GUARDIAN

SIGNATURE

ADDRESS (city/state or province/country)

DATE

Department of Homeland Security

U.S. Immigration and Customs Enforcement

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SEVISID: NO013	354712	(F-1)	NAME: S	henrui Jin			
EMPLOYMENT AUTHO	ORIZATIONS	S					
AUTHORIZATION TYPE CPT		FULL/PART-TIME	STATUS	START DATE	END DATE 30 AUGUST 2016		
		FULL TIME	APPROVED	13 JUNE 2016			
EMPLOYER INFORMA	TION		,		12		
TYPE			AUTHORIZATIO	N DATES			
CPT		13 JUNE 2016 - 30 AUGUST 2016					
EMPLOYER NAME		START DATE	END DATE	CITY & STATE			
Natixis North America		13 JUNE 2016	30 AUGUST 2016	NY, NY			
AUTHORIZED DROP B		COURSE OF STUD	Y				
TRAVEL ENDORSEME This page when properly endorsed certification signature is valid for	d, may be used for	r reentry of the student to atter	nd the same school after	a temporary absence from the	e United States. Each		
Designated School Official TITLE		SIGNATURE DATE		DATE ISSUED	PLACE ISSUED		
		X					
		X	x				
		X	0		-		
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