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: N0030459823

SURNAME/PRIMARY NAME

Sharma

PREFERRED NAME

Shouvik Sunil Sharma

COUNTRY OF BIRTH

INDIA

DATE OF BIRTH

19 JANUARY 1995

FORM ISSUE REASON INITIAL ATTENDANCE

GIVEN NAME

Shouvik Sunil PASSPORT NAME

COUNTRY OF CITIZENSHIP

INDIA

ADMISSION NUMBER

LEGACY NAME

Class of Admission

ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME

Illinois Institute of Technology Main Campus

SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL

Miguel Ortiz

MASTER'S

Processing Specialist

SCHOOL ADDRESS

3201 S. State Street, MTCC Room 203, Chicago, IL 60616

SCHOOL CODE AND APPROVAL DATE

CHI214F00379000 09 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL

MAJOR 1

Mathematics and Computer Science

30.0801

MAJOR 2 None 00.0000

ENGLISH PROFICIENCY NOTES

PROGRAM ENGLISH PROFICIENCY Required

START OF CLASSES

19 AUGUST 2019

Student is proficient

PROGRAM START/END DATE 19 AUGUST 2019 - 18 DECEMBER 2021 EARLIEST ADMISSION DATE

20 JULY 2019

EINANCIALE

Other TOTAL	9	45,447	TOTAL	\$	55,000
	c		Family funds in India On-Campus Employment	\$	55,000
Expenses of Dependents (0)	\$			\$	
Living Expenses	\$	13,500	Funds From This School	\$	
Tuition and Fees		31,947	Personal Funds	\$	0
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS			STUDENT'S FUNDING FOR: 9 MONTHS		0

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Conferred Bachelors degree required

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.

* Miginal A Ontin	DATE ISSUED	PLACE ISSUEI
X Clique A Oate, SIGNATURE OF: Miguel Oate, Processing Specialist	18 April 2019	Chicago, IL

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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 ursuant 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: Shouvik Sunil Sha	rma	DATE	
	X		
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

ICE Form I-20 (7/31/2018)

Page 1 of 3

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X

X

ICE Form I-20 (7/31/2018)