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: N0031289520

SURNAME/PRIMARY NAME

Kavuru

PREFERRED NAME

Sarath Chandra Sai Kavuru

COUNTRY OF BIRTH

CITY OF BIRTH

FORM ISSUE REASON INITIAL ATTENDANCE

PASSPORT NAME

GIVEN NAME

Sarath Chandra Sai

KAVURU SARATH CHANDRA SAI

COUNTRY OF CITIZENSHIP

DATE OF BIRTH

15 JULY 1998

ADMISSION NUMBER

Class of Admission

ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME

Purdue University

Indiana Univ.-Purdue Univ. Fort Wayne

SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL

Maureen Linvill

Assistant Director for International Student Services

SCHOOL ADDRESS

Office of International Education, 2101 East Coliseum Blvd. Walb Union 145, Fort Wayne, IN 46805

SCHOOL CODE AND APPROVAL DATE

CHI214F10460001

21 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL

MAJOR 1

Computer Science 11.0701

MAJOR 2

None 00.0000

PROGRAM ENGLISH PROFICIENCY

Required

MASTER'S

ENGLISH PROFICIENCY NOTES

Student is proficient

EARLIEST ADMISSION DATE

06 DECEMBER 2020

START OF CLASSES

11 JANUARY 2021

PROGRAM START/END DATE

05 JANUARY 2021 - 31 DECEMBER 2023

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTH		STUDENT'S FUNDING FOR: 9 MONTHS			
Tuition and Fees	\$ 13,289 Personal Funds		S	0	
Living Expenses	\$	9,620	Funds From This School	\$	
Expenses of Dependents (0)	\$	0	Family Funds	\$	26,737
Health Insurance & Books	\$	3,828	On-Campus Employment	Ş	
TOTAL	\$	26,737	TOTAL	\$	26,737

RE	M	A	RJ	KS	

SCHOOL	ATTESTA	TION

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 of the above named school and am authorized to issue this form.

SIGNATURE OF: Maureen Linvill, Assistant Director for 20 August 2020

DATE ISSUED

PLACE ISSUED

Fort Wayne, IN

International Student Services

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: Sarath Chandra Sai Kavuru DATE NAME OF PARENT OR GUARDIAN SIGNATURE ADDRESS (city/state or province/country)

ICE Form I-20 (04/30/2021)

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DATE