

SEVIS ID: N0024345566

SURNAME/PRIMARY NAME Musale	GIVEN NAME Anoop Ganesh	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Anoop Ganesh Musale	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
DATE OF BIRTH 27 JUNE 1995	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME	

SCHOOL INFORMATION

SCHOOL NAME State University of New York at Binghamton State University of NY at Binghamton	SCHOOL ADDRESS International Student & Scholar Services, Box 6000, Binghamton, NY 13902
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Amanda Hakes International Student Advisor	SCHOOL CODE AND APPROVAL DATE BUF214F10042000 24 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Computer Science 11.0701	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 17 JULY 2017
START OF CLASSES 23 AUGUST 2017	PROGRAM START/END DATE 16 AUGUST 2017 - 19 MAY 2019	

FINANCIALS

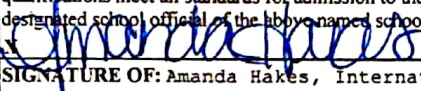
ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 25,600	Personal Funds	\$ 0
Living Expenses	\$ 15,100	Funds From This School	\$ 0
Expenses of Dependents (0)	\$ 0	Father	\$ 40,700
Other	\$ 0	On-Campus Employment	\$
TOTAL	\$ 40,700	TOTAL	\$ 40,700

REMARKS

Student will be seeking employment to gain practical experience related to a Masters degree in Computer Science.

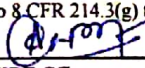
SCHOOL ATTESTATION

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.

	DATE ISSUED 18 March 2019	PLACE ISSUED Binghamton, NY
SIGNATURE OF: Amanda Hakes, International Student Advisor		

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.

X		03/20/2019	
SIGNATURE OF: Anoop Ganesh Musale		DATE	
	X		
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

SEVIS ID: N0024345566 (F-1)

NAME: Anoop Ganesh Musale

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	REQUESTED	27 JUNE 2019	26 JUNE 2020

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
22 JANUARY 2019	10 MAY 2019

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Amanda Hakes, Int'l Student Advisor		X <i>Amanda Hakes</i>	3/18/19	Binghamton, NY
		X		
		X		
		X		