Department of Homeland Security

U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status OMB NO. 1653-0038

SEV	TS	ID:	NO	224	34	55	66
			110				00

SURNAME/PRIMARY NAME Musale

PREFERRED NAME Anoop Ganesh Musale

COUNTRY OF BIRTH

INDIA

DATE OF BIRTH

27 JUNE 1995

FORM ISSUE REASON

CONTINUED ATTENDANCE

GIVEN NAME

Anoop Ganesh

PASSPORT NAME

COUNTRY OF CITIZENSHIP

INDIA

ADMISSION NUMBER

LEGACY NAME

Class of Admission

ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME

State University of New York at Binghamton State University of NY at Binghamton

SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL

Grace Lewis Secretary

SCHOOL ADDRESS

International Student & Scholar Services, Box 6000,

Binghamton, NY 13902

SCHOOL CODE AND APPROVAL DATE BUF214F10042000

24 JANUARY 2003

PROGRAM OF STUDY

PROGRAM ENGLISH PROFICIENCY

EDUCATION LEVEL MASTER'S

START OF CLASSES

MAJOR 1

Computer Science 11.0701

ENGLISH PROFICIENCY NOTES Student is proficient

None 00.0000

EARLIEST ADMISSION DATE 17 JULY 2017

MAJOR 2

PROGRAM START/END DATE

16 AUGUST 2017 - 19 MAY 2019

23 AUGUST 2017 **FINANCIALS**

Required

ESTIMATED AVERAGE COSTS FOR: 12 MO	NTHS		STUDENT'S FUNDING FOR: 12 MONTHS			
Tuition and Fees	\$	\$ 25,600 Personal Funds		s	0	
Living Expenses	\$	15,100	Funds From This School	s	0	
Expenses of Dependents (0)	\$	0	Father	Ś	40,700	
Other	\$	0	On-Campus Employment	\$.0,,00	
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. DEAD

DATE ISSUED

PLACE ISSUED

SIGNATURE OF: Grace Lewis, Secretary

12 February 2020

Binghamton, NY

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.

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SIGNATURE OF: Anoop Ganesh Musale

NAME OF PARENT OR GUARDIAN

SIGNATURE

DATE

ADDRESS (city/state or province/country)

DATE

Department of Homeland Security

U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status OMB NO. 1653-0038

U.S. Immigration and Customs Enfor	cement	OMB NO. 1053-0038				
SEVIS ID: N002434556 EMPLOYMENT AUTHORIZATION		NAME:	Anoop	Ganesh	Musale	
ТҮРЕ	FULL/PART-TIME	STATUS	START	DATE	END DATE	
POST-COMPLETION OPT	FULL TIME	APPROVED 15 JULY 2019		13 JULY 2020		
EMPLOYER INFORMATION						
ГҮРЕ		AUTHORIZA	ATION DATES			
POST-COMPLETION OPT		15 JULY 20	19 - 13 JUI	Y 2020		
EMPLOYER NAME	START DATE	END DATE	Cl	TY & STATE		
Tata Consultancy Services	15 AUGUST 2019		CC	LUMBUS, OH		
Binghamton University	15 JULY 2019	12 AUGUST 2019 BINGHAMTON, NY				
AUTHORIZED REDUCED COUR	LOD BOTTO					
CURRENT SESSION START DATE		CURRENT S	ESSION END I	DATE		
N/A. Student is on post-complet	ion practical training					
TRAVEL ENDORSEMENT						
This page, when properly endorsed, may be usendorsement is valid for one year.	sed for re-entry of the student to at	ttend the same scho	ool after a tempor	ary absence from t	the United States. Each	
Designated School Official TITLE	SIGNAT	URE \	DA	TE ISSUED	PLACE ISSUED	
Grace Lewis Sec	retary x	te luce	i ā	1/2/2020	Brighamton N	
	X					

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