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: N0015738567

SURNAME/PRIMARY NAME

Rupawala

PREFERRED NAME

Ibrahim Firozbhai Rupawala

COUNTRY OF BIRTH

INDIA

DATE OF BIRTH 21 AUGUST 1991

FORM ISSUE REASON

INITIAL ATTENDANCE

GIVEN NAME

Ibrahim Firozbhai

PASSPORT NAME

COUNTRY OF CITIZENSHIP

INDIA

ADMISSION NUMBER

LEGACY NAME

CLASS

ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME

California State University Long Beach

California State University Long Beach

SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Robin Moore

International Education Specialist

SCHOOL ADDRESS

Center for International Education, Long Beach, CA 90840

SCHOOL CODE AND APPROVAL DATE

LOS214F00361000 27 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL

MAJOR 1

Electrical and Electronics

Engineering 14.1001

MAJOR 2

None 00.0000

NORMAL PROGRAM LENGTH

36 Months

MASTER'S

PROGRAM ENGLISH PROFICIENCY

Required

ENGLISH PROFICIENCY NOTES

Student is proficient

PROGRAM START DATE 19 JANUARY 2016

PROGRAM END DATE 19 JANUARY 2019

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	(* II
Tuition and Fees	\$ 14,224	Personal Funds	\$ 0
Living Expenses	\$ 11,864	Funds From This School	\$
Expenses of Dependents (0)	\$ 0	Family	\$ 29,154
Medical Insurance and Books	\$ 3,066	On-Campus Employment	\$
TOTAL	\$ 29,154	TOTAL	\$ 29,154

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 Joekin Meion	DATE ISSUED	PLACE ISSUED
SIGNATURE OF: Robin Moore, International Education	17 November 2015	Long Beach, CA
Specialist		

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		8		
SIGNATURE OF: Ibrahim Firozbhai 1	Rupawala		DATE	
	X			
NAME OF PARENT OR GUARDIAN	SIGNATURE		ADDRESS (city/state or province/country)	DATE

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SEVIS ID: N0015	738567 (F-1)	NAME: Ib Rupawala	orahim Firo	zbhai
EMPLOYMENT AUTH	ORIZATION			
EMPLOYMENT STATUS		ТҮРЕ		
EMPLOYMENT START DAT	TE	EMPLOYMENT E	ND DATE	
EMPLOYER NAME		EMPLOYER LOCA	ATION	
COMMENTS				
CHANGE OF STATUS/	CAP-GAP EXTENSION	Ton sour		2 / Carr
REQUESTED VISA TYPE	REQUEST/PETITION STA	TUS RECEIPT NUMBER	BENEFIT STA	ART DATE/REQUEST DATE
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EVENT NAME	2003	EVENT DATE	*	1 P 14 V
OTHER AUTHORIZAT	IONS			
AUTHORIZATION	1 NOLAW	START DATE	END DA	ATE
TRAVEL ENDORSEME	NT			
This page when properly endorse certification signature is valid for	d, may be used for reentry of the s	tudent to attend the same school after a t	temporary absence from th	e United States. Each
SCHOOL OFFICIAL	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
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ree		X		
	THE POST COMPANY OF THE	X		
	focator elect	X		sa se nual garanni