

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: N0009382507

SURNAME/PRIMARY NAME LI	GIVEN NAME JING	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME JING LI	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 31 JULY 1994	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE - TRAVEL	LEGACY NAME JING LI	

SCHOOL INFORMATION

SCHOOL NAME The Johns Hopkins University: Medical Institutions The Johns Hopkins Medical Institutions	SCHOOL ADDRESS 1620 McElderry Street, Baltimore, MD 21205
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Jennifer Smith Sr. International Services Advisor	SCHOOL CODE AND APPROVAL DATE BAL214F00005000 22 AUGUST 2002

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Biostatistics 26.1102	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 01 SEPTEMBER 2016	PROGRAM START/END DATE 01 SEPTEMBER 2016 - 31 MAY 2018	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS	STUDENT'S FUNDING FOR: 9 MONTHS
Tuition and Fees \$ 50,640	Personal Funds \$ 75,365
Living Expenses \$ 24,725	Funds From This School \$ 0
Expenses of Dependents (0) \$	Funds From Another Source \$ 0
Other \$	On-Campus Employment \$ 0
TOTAL \$ 75,365	TOTAL \$ 75,365

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.

SIGNATURE OF: Jennifer Smith, Sr. International Services Advisor	DATE ISSUED 03 March 2017	PLACE ISSUED Baltimore, MD
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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: JING LI	DATE		
X			
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE
	X		

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SEVIS ID: N0009382507 (F-1)

NAME: JING LI

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME FULL TIME	STATUS APPROVED	START DATE 30 MAY 2017	END DATE 18 AUGUST 2017
CPT				

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES			
CPT		30 MAY 2017 - 18 AUGUST 2017		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE	
PRO Unlimited	30 MAY 2017	18 AUGUST 2017	San Diego, CA	

CHANGE OF STATUS/CAP-GAP EXTENSION

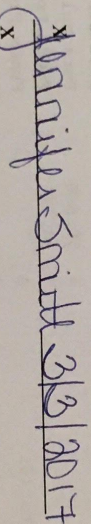
AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
23 JANUARY 2017	17 MARCH 2017

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
Jennifer Smith			3/2/2017	
Sr International Services Advisor		X		
Baltimore, MD		X		
		X		
		X		