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: N0029767742

SURNAME/PRIMARY NAME

Elinjulliparambil

PREFERRED NAME

Sajud Hamza Elinjulliparambil

COUNTRY OF BIRTH

INDIA

DATE OF BIRTH 12 DECEMBER 1992

FORM ISSUE REASON CONTINUED ATTENDANCE GIVEN NAME

Sajud Hamza

PASSPORT NAME

Elinjulliparambil Sajud Hamza

COUNTRY OF CITIZENSHIP

INDIA

ADMISSION NUMBER

43333145256

LEGACY NAME

Class of Admission

ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME

PACE UNIVERSITY

PACE UNIVERSITY-NEW YORK CITY

SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL

Hannah Thomas

International Student Advisor

SCHOOL ADDRESS

INTERNATIONAL STUDENTS & SCHOLARS OFFICE, ONE PACE

PLAZA, SUITE W-207, NEW YORK, NY 10038

SCHOOL CODE AND APPROVAL DATE

NYC214F00449000

29 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL

MASTER'S

MAJOR 1

Information Science/Studies 11.0401

MAJOR 2 None 00.0000

PROGRAM ENGLISH PROFICIENCY Required

ENGLISH PROFICIENCY NOTES

Student is proficient

EARLIEST ADMISSION DATE

06 AUGUST 2018

START OF CLASSES

05 SEPTEMBER 2018

PROGRAM START/END DATE

05 SEPTEMBER 2018 - 15 JANUARY 2021

FINANCIALS

TOTAL	\$	46,255	TOTAL \$	46,255	
Health Insurance, Books, Personal Expe	· >	4,123			
Expenses of Dependence (0)		4 125	On-Campus Employment \$	0	
Expenses of Dependents (0)	\$	0	Sponsor	46,255	
Living Expenses	\$	19,000	Funds From This School \$	46 055	
Tuition and Fees	40.000	23,130		0	
		00 100	Personal Funds \$	0	
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS			STUDENT'S FUNDING FOR: 9 MONTHS		

REMARKS

Employment is related to the student's field of studies and is an approved internship through the Cooperative Education Program.

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

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

DATE ISSUED 27 August 2019 PLACE ISSUED

NEW YORK, NY

STUDENT ATTESTATION

SIGNATURE OF: Harmah

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. 2019

x Solution			
SIGNATURE OF: Sajud	Hamza	Elinjulliparambil	

DATE

omas, International Student

SIGNATURE NAME OF PARENT OR GUARDIAN

ADDRESS (city/state or province/country)

DATE

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

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

SEVIS ID: N0029767742 (F-1)

NAME: Sajud Hamza Elinjulliparambil

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
CPT	PART TIME	APPROVED	23 JUNE 2019	03 SEPTEMBER 2019
CPT	PART TIME	APPROVED	04 SEPTEMBER 2019	20 DECEMBER 2019

EMPLOYER INFORMATION

CPT		AUTHORIZATION DATES 23 JUNE 2019 - 03 SEPTEMBER 2019
EMPLOYER NAME	START DATE	END DATE CITY & STATE
ConsultADD, Inc	23 JUNE 2019	03 SEPTEMBER 2019 New York, NY
TYPE CPT		AUTHORIZATION DATES 04 SEPTEMBER 2019 - 20 DECEMBER 2019
EMPLOYER NAME	START DATE	END DATE CITY & STATE
Consultadd, Inc.	04 SEPTEMBER 2019	20 DECEMBER 2019 New York, NY

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD		THE LOTE OF COMMENT	ranga kang tangga sak
	3 000		
CURRENT SESSION DATES	p.		
CURRENT SESSION START DATE 04 SEPTEMBER 2019		CURRENT SESSION END DATE 20 DECEMBER 2019	and the formula is
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TRAVEL ENDORSEMENT

This page, when properly endorsed, may endorsement is valid for one year. Designated School Official TIT Hannah Thomas In	The second of the second	SIGNATURE	DATE ISSUED 8 /27/2019	PLACE ISSUED NWYWY M
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