Ojal (2014 bareh) 1425/A1293

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 Enforce	ment	OMD 110. 1035-003			-
SEVIS ID: N0028812070					
SURNAME/PRIMARY NAME Talnikar		GIVEN NAME Ojal Ravi			on
PREFERRED NAME		PASSPORT NAME		F-	1
Ojal Revi Talnikar COUNTRY OF BIRTH			COUNTRY OF CITIZENSHIP		
INDIA		ADMISSION NUMBI	70		
DATE OF BIRTH 28 APRIL 1996		ADMISSION NUMBE	ADMISSION NORDER		AND
FORM ISSUE REASON INITIAL ATTENDANCE		LEGACY NAME	LEGACY NAME		GE ————
SCHOOL INFORMATION					
SCHOOL NAME The University of Texas at Arlington The University of Texas at Arlington		c/o Office of I	SCHOOL ADDRESS c/o Office of International Education, UTA Box 19028, 1022 UTA Blvd, Arlington, TX 76019		
SCHOOL OFFICIAL TO CONTACT UPON Arrin Hines Admission Counselor I	DAL214F00806000	SCHOOL CODE AND APPROVAL DATE DAL214F00806000 21 JANUARY 2003			
PROGRAM OF STUDY					
EDUCATION LEVEL MASTER'S	MAJOR 1 Computer and Inf General 11.0101	ormation Sciences,	MAJOR 2 None 00.0000	4	
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIE Student is profi			SSION DATE	
START OF CLASSES 22 AUGUST 2018	PROGRAM START/E 22 AUGUST 2018 -	END DATE 31 DECEMBER 2020			
FINANCIALS					
ESTIMATED AVERAGE COSTS FOR: 9 M	ONTHS		ING FOR: 9 MONTHS		. 0
Puition and Fees	\$ 19,148	Personal Funds		\$	0
Living Expenses	\$ 15,033	Funds From Thi	s School	\$ 34,	191
Expenses of Dependents (0)	\$ 0 \$	Family Funds On-Campus Empl	ownent	\$	
Other OTAL	\$ 34,181	TOTAL	o y me ne	\$ 34,	181
	ÿ 54,101	TOTAL			
EMARKS tudent must attend on-campus ori					- 30 4
rior to the program start date 1	isted above.				
pertify under penalty of perjury that all informations after review and evaluation in the United S d proof of financial responsibility, which were allifications meet all standards for admission to signated school official of the above named school of SDAN That	tates by me or other officials received at the school prior to the school and the student with and am authorized to issue	of the school of the student the execution of this form. Il be required to pursue a fu ic this form	's application, transcrip'	ts, or other records of connection that the above name	ourses tak ned studer
GNATURE OF: Arrin Hines, Admission Counselor I		03 March 2018	03 March 2018		
UDENT ATTESTATION					
we read and agreed to comply with the terms a specifically to me and is true and correct to so of pursuing a full program of study at the mant to 8 CFR 214 3(g) to determine my noni-	the best of my knowledge. I school named above. I also	certify that I seek to enter of authorize the named school	or remain in the United to release any informa	States temporarily, an ation from my records i	d solely is
NATURE OF: Ojal Ravi Talnikar		DA	TE		
	X				
ME OF PARENT OR GUARDIAN	SIGNATURE	AD	DRESS (city/state or	province/country)	DATE
VIE CIE L'AREILL UN UU/MMI/M	Mr	114			