

Department of Homeland Security  
U.S. Immigration and Customs Enforcement

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

15-25

SEVIS ID: N0031031722

<b>SURNAME/PRIMARY NAME</b> Challa	<b>GIVEN NAME</b> Bravya	<b>Class of Admission</b>  <b>F-1</b>  <b>ACADEMIC AND LANGUAGE</b>
<b>PREFERRED NAME</b> Bravya Challa	<b>PASSPORT NAME</b>	
<b>COUNTRY OF BIRTH</b> INDIA	<b>COUNTRY OF CITIZENSHIP</b> INDIA	
<b>DATE OF BIRTH</b> 25 DECEMBER 1997	<b>ADMISSION NUMBER</b>	
<b>FORM ISSUE REASON</b> INITIAL ATTENDANCE	<b>LEGACY NAME</b>	

<b>SCHOOL INFORMATION</b>	
<b>SCHOOL NAME</b> Saint Peter's University Saint Peter's University	<b>SCHOOL ADDRESS</b> 2641 Kennedy Boulevard, Jersey City, NJ 07306
<b>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL</b> Kristy Allan Senior Assistant Director of International Admissions	<b>SCHOOL CODE AND APPROVAL DATE</b> NEW214FD1069000 11 DECEMBER 2020

<b>PROGRAM OF STUDY</b>		
<b>EDUCATION LEVEL</b> MASTER'S	<b>MAJOR 1</b> Information Technology 11.0103	<b>MAJOR 2</b> None 00.0000
<b>PROGRAM ENGLISH PROFICIENCY</b> Required	<b>ENGLISH PROFICIENCY NOTES</b> Student is proficient	<b>EARLIEST ADMISSION DATE</b> 28 JANUARY 2020
<b>START OF CLASSES</b> 27 FEBRUARY 2020	<b>PROGRAM START/END DATE</b> 27 FEBRUARY 2020 - 31 MAY 2022	

<b>FINANCIALS</b>		<b>ESTIMATED AVERAGE COSTS FOR: 9 MONTHS</b>		<b>STUDENT'S FUNDING FOR: 9 MONTHS</b>	
Tuition and Fees	\$ 21,642	Personal Funds	\$ 48,350	Funds From This School	\$
Living Expenses	\$ 15,490	Funds From Another Source	\$	On-Campus Employment	\$
Expenses of Dependents (0)	\$ 0	<b>TOTAL</b>	<b>\$ 48,350</b>		
Books, health insurance, personal expe	\$ 2,800				
<b>TOTAL</b>	<b>\$ 39,932</b>				

**REMARKS**  
Expenses are estimated and may include airfare, books, personal expenses, and international student health insurance.

**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:** Kristy Allan, Senior Assistant Director of International Admissions  
**DATE ISSUED:** 11 October 2018  
**PLACE ISSUED:** Jersey City, NJ

**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:** Bravya Challa  
**DATE:**

**NAME OF PARENT OR GUARDIAN:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **ADDRESS (city/state or province/country):** \_\_\_\_\_ **DATE:** \_\_\_\_\_