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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: N0033528639

SURNAME/PRIMARY NAME Badugula	GIVEN NAME Akshaya	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Akshaya Badugula	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Suryapet	DATE OF BIRTH 12 AUGUST 2000	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME UNIVERSITY OF CENTRAL MISSOURI Missouri Innovation Campus	SCHOOL ADDRESS 1101 Innovation Parkway, LEES SUMMIT, MO 64086
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Keith Harrison International Student Advisor	SCHOOL CODE AND APPROVAL DATE KAN214F00100001 17 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Computer and Information Systems Security/Auditing/Information Assurance 11.1003	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 10 DECEMBER 2022
START OF CLASSES 09 JANUARY 2023	PROGRAM START/END DATE 09 JANUARY 2023 - 31 DECEMBER 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 9,589	Personal Funds	\$ 0
Living Expenses	\$ 9,699	Funds From This School	\$
Expenses of Dependents (0)	\$	Family	\$ 21,800
Health Insurance and additional Progra	\$ 2,512	On-Campus Employment	\$
TOTAL	\$ 21,800	TOTAL	\$ 21,800

REMARKS

Mandatory orientation for enrollment begins January 3, 2023.

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 Keith Harrison **DATE ISSUED** 07 September 2022 **PLACE ISSUED** LEES SUMMIT, MO
SIGNATURE OF: Keith Harrison, International Student Advisor

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

PRINCIPAL
G. Narayanamma Institute of
Technology & Science (for woman)
(AUTONOMOUS)
Shaikpet, Hyderabad - 500 104.