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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: N0032900032

SURNAME/PRIMARY NAME Singannagari	GIVEN NAME Varsha	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Varsha Singannagari	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Hyderabad	DATE OF BIRTH 02 JUNE 2000	
FORM ISSUE REASON Transfer Pending - Cleveland State University	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME University of Wisconsin Milwaukee University of Wisconsin Milwaukee	SCHOOL ADDRESS PO Box 413, Milwaukee, WI 53201
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Andrea Joseph Student Services Coordinator	SCHOOL CODE AND APPROVAL DATE CHI214F20308000 15 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Computer Science 11.0701	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 06 SEPTEMBER 2022	PROGRAM START/END DATE 06 SEPTEMBER 2022 - 06 MAY 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 26,050	Personal Funds	\$ 0
Living Expenses	\$ 15,000	Funds From This School	\$ 0
Expenses of Dependents (0)	\$ 0	Family Funds	\$ 42,805
Health Insurance	\$ 1,755	On-Campus Employment	\$ 0
TOTAL	\$ 42,805	TOTAL	\$ 42,805

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.

X Andrea Joseph **DATE ISSUED** 29 August 2022 **PLACE ISSUED** Milwaukee, WI

SIGNATURE OF: Andrea Joseph, Student Services Coordinator

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: Varsha Singannagari **DATE**

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

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