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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: N0033636568

SURNAME/PRIMARY NAME Naravara	**GIVEN NAME** Godha	**Class of Admission**
PREFERRED NAME Godha Naravara	**PASSPORT NAME**	**F-1**
COUNTRY OF BIRTH INDIA	**COUNTRY OF CITIZENSHIP** INDIA	
CITY OF BIRTH Hyderabad	**DATE OF BIRTH** 12 SEPTEMBER 2000	**ACADEMIC AND LANGUAGE**
FORM ISSUE REASON CONTINUED ATTENDANCE	**ADMISSION NUMBER** 176290620A3	

SCHOOL INFORMATION

SCHOOL NAME Ohio University Athens	**SCHOOL ADDRESS** Walter International Education Center, Fifteen Park Place, Athens, OH 45701
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Abby Conder Lussier International Student Advisor	**SCHOOL CODE AND APPROVAL DATE** CLE214F10415000 14 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** 09 DECEMBER 2022
START OF CLASSES 17 JANUARY 2023	**PROGRAM START/END DATE** 08 JANUARY 2023 - 14 DECEMBER 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		**STUDENT'S FUNDING FOR:** 9 MONTHS	
Tuition and Fees	$ 17,436	Personal Funds	$ 2,485
Living Expenses	$ 11,117	Assistanship	$ 28,180
Expenses of Dependents (0)	$	Funds From Another Source	$ 0
Health Insurance	$ 2,112	On-Campus Employment	$
TOTAL	$ 30,665	TOTAL	$ 30,665

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
SIGNATURE OF: Abby Conder Lussier, International Student Advisor

DATE ISSUED 11 January 2023

PLACE ISSUED Athens,OH

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: Godha Naravara

DATE

X

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.