

(4) 19251A0 282
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SEVIS ID: N0034662767

SURNAME/PRIMARY NAME Galipalli	GIVEN NAME Vybhavi	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Vybhavi Galipalli	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Karimnagar	DATE OF BIRTH 24 NOVEMBER 2001	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME New Jersey Institute of Technology New Jersey Institute of Technology	SCHOOL ADDRESS 323 DR MARTIN LUTHER KING JR BLVD, NEWARK, NJ 07102
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Nadine Hawkins International Student Data Coordinator	SCHOOL CODE AND APPROVAL DATE NEW214F00245000 17 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Data Science, General 30.7001	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 06 AUGUST 2023
START OF CLASSES 05 SEPTEMBER 2023	PROGRAM START/END DATE 05 SEPTEMBER 2023 - 31 MAY 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 34,326	Personal Funds	\$ 0
Living Expenses	\$ 12,200	Funds From This School	\$
Expenses of Dependents (0)	\$	Sponsor (Mother)	\$ 57,278
Miscellaneous (including health insura	\$ 10,752	On-Campus Employment	\$
TOTAL	\$ 57,278	TOTAL	\$ 57,278

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 Nadine Hawkins **DATE ISSUED** 22 June 2023 **PLACE ISSUED** NEWARK, NJ
SIGNATURE OF: Nadine Hawkins, International Student Data 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: Vybhavi Galipalli **DATE**

X

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

(Handwritten signature)