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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: N0034200715

SURNAME/PRIMARY NAME Jamalapurapu	GIVEN NAME Sri Vaishnavi	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Sri Vaishnavi J	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH KAMAREDDY	DATE OF BIRTH 04 AUGUST 2002	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME University of Washington, Bothell Bothell	SCHOOL ADDRESS 17927 113TH AVE NE, Box 358500, BOTHELL, WA 98011
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Jennifer Kim International Student Advisor	SCHOOL CODE AND APPROVAL DATE SEA214F00005000 18 DECEMBER 2002

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Electrical and Electronics Engineering 14.1001	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 28 AUGUST 2023
START OF CLASSES 27 SEPTEMBER 2023	PROGRAM START/END DATE 27 SEPTEMBER 2023 - 22 AUGUST 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 29,215	Personal Funds	\$ 0
Living Expenses	\$ 15,804	Funds From This School	\$ 0
Expenses of Dependents (0)	\$ 0	Educational Loan	\$ 46,835
Health Insurance	\$ 1,816	On-Campus Employment	\$ 0
TOTAL	\$ 46,835	TOTAL	\$ 46,835

REMARKS

Student is required to purchase UW health insurance every quarter the student is enrolled in UW courses.

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: Jennifer Kim, International Student Advisor	DATE ISSUED 03 April 2023	PLACE ISSUED BOTHELL, WA
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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: Sri Vaishnavi Jamalapurapu	DATE
SIGNATURE	DATE
NAME OF PARENT OR GUARDIAN	ADDRESS (city/state or province/country)
SIGNATURE	DATE