



CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY

An Autonomous Institute | Affiliated to Osmania University
Kokapet Village, Gandipet Mandal, Hyderabad, Telangana-500075, www.cbit.ac.in



COMMITTED TO
RESEARCH,
INNOVATION AND
EDUCATION

45

years

DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING

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5.2.2 Percentage of students' progression to higher education (Academic Year 2022-23)

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Name: V. Abhinav. Reddy.
Roll No: 160119733023
Class : CSE - 1



Stony Brook University

Dear Abhinav Reddy Vanga,

Congratulations! Stony Brook University is pleased to extend an offer of Full Time admission to the Computer Science MS for Fall 2023. As a community of scholars, we want to make sure that you are supported throughout your education. This letter contains information for the enrollment process and systems you will need going forward.

The admission comes without program financial support, however we encourage you to file the Free Application for Federal Student Aid (FAFSA).

Please accept or decline your admission offer via the decision reply form. In addition, for enrollment, payments and notifications, please also confirm your acceptance in SOLAR, our student/institution interface. Failure to respond promptly may result in forfeiture of the offer of admission.

Your deadline to accept your offer is: April 15, 2023

Please note that your Stony Brook ID is 115939396 and should be used for all inquiries, including email correspondence. Your initial password is your six-digit birth date (e.g., 080284 for August 2, 1984). You need to change this password the first time you log in (you will receive a message stating your password has expired). Click the link to change your password. If you are a current Stony Brook student or employee, your ID and password remain the same.

Your admission is contingent upon your successful completion of any current academic coursework and receipt of all final official transcripts. Please be sure to arrange for your final transcripts to be sent to the Office of Graduate and Health Sciences Admissions.

An "Admissions Enrollment Checklist" is included with this letter to assist you with your next steps.

Your individual program may also contact you separately with additional information. All information must be taken into consideration when deciding to accept your offer. If you have any questions, please contact the Office of Graduate and Health Sciences Admissions at (631) 444-2111 or gradadmissions@stonybrook.edu

Again, congratulations on your acceptance to Stony Brook University. I look forward to welcoming you to our campus community.

Sincerely,
Computer Science MS

Celia Marshik, Ph.D.
Interim Dean of the Graduate School and Vice Provost for Graduate Education
Professor of English



Test Report Form

ACADEMIC

NOTE Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules. GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes. It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

Centre Number

IA090

Date

31/JUL/2023

Candidate Number

503288

Candidate Details

Family Name

BYREDDY

First Name(s)

RAKESH

Candidate ID

Z6966980



Date of Birth

12/06/2001

Sex (M/F)

M

Scheme Code

Private Candidate

Country or Region of Origin

Country of Nationality

INDIA

First Language

TELUGU

Test Results

Listening

6.0

Reading

5.5

Writing

6.0

Speaking

6.5

Overall Band Score

6.0

CEFR Level

B2

Administrator Comments

Empty box for Administrator Comments

Centre stamp



Validation stamp



Administrator's Signature

[Handwritten Signature]

Date

03/08/2023

Test Report Form Number

23IA503288BYRR090A

SEVIS ID: N0034240624

SURNAME/PRIMARY NAME Naragani	GIVEN NAME Abhinav	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Abhinav Naragani	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Rimmanguda	DATE OF BIRTH 21 FEBRUARY 2001	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION	SCHOOL ADDRESS 1400 Washington Avenue, Albany, NY 12222
SCHOOL NAME University at Albany, State University of NY University at Albany, State Univ. of NY	SCHOOL CODE AND APPROVAL DATE BUF214F10162000 30 JANUARY 2003
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Soha Acosta Graduate International Admissions Counselor	

PROGRAM OF STUDY	MAJOR 1 Computer and Information Sciences, General 11.0101	MAJOR 2 None 00.0000
EDUCATION LEVEL MASTER'S	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 14 JULY 2023
PROGRAM ENGLISH PROFICIENCY Required	PROGRAM START/END DATE 13 AUGUST 2023 - 31 DECEMBER 2025	
START OF CLASSES 21 AUGUST 2023		

FINANCIALS		STUDENT'S FUNDING FOR: 9 MONTHS	
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		Personal Funds	\$ 24,400
Tuition and Fees	\$ 21,030	Dean's Merit Scholarship	\$ 5,000
Living Expenses	\$ 8,450	Vemula Prasanna (Mother)	\$ 24,400
Expenses of Dependents (0)	\$	On-Campus Employment	\$
Books, clothing, personal, recreation,	\$ 2,400	TOTAL	\$ 53,800
TOTAL	\$ 31,880		

REMARKS
Mandatory New International Student Orientation begins 08/13/2023. See https://www.albany.edu/issn/new_students.php for more information. Fees are subject to change.

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.

<input checked="" type="checkbox"/>	DATE ISSUED 10 April 2023	PLACE ISSUED Albany, NY
SIGNATURE OF: Soha Acosta, Graduate International Admissions Counselor		

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.

<input checked="" type="checkbox"/>	DATE
SIGNATURE OF: Abhinav Naragani	
<input checked="" type="checkbox"/>	ADDRESS (city/state or province/country)
NAME OF PARENT OR GUARDIAN	DATE
SIGNATURE	



GRADUATE SCHOOL
VIRGINIA TECH.

Office of the Dean for Graduate Education
155 Otey Street
Graduate Life Center at Donaldson Brown
Blacksburg, Virginia 24061-0325
P: (540) 231-8636 F: (540) 231-2039
www.graduateschool.vt.edu

160119733083

March 14, 2023

Anant Sharma
B-207, Aditya Sunshine, Izzath Nagar, Kondapur
Hyderabad, Telangana 500084
India

Dear Anant Sharma,

On behalf of the Graduate School of Virginia Tech, I am pleased to inform you that based upon the recommendation of the Computer Science & Applications faculty, we can offer you admission to the Master of Engineering

in Computer Science & Applications program for Fall 2023 at the National Capital Region (D.C.) campus. Congratulations!

If you have not already done so, please provide an official final transcript(s) indicating that prior degree work has been completed and any applicable official test scores prior to enrollment. You may have your prior institution send the final official transcript electronically to grads@vt.edu or by postal mail to: Graduate Admissions | 155 Otey Street | 120 Graduate Life Center | Blacksburg, VA 24061-0325. Please contact your academic department for further information regarding your admission, including any necessary prerequisites.

At Virginia Tech, we are committed to providing you with a quality graduate education that is intellectually stimulating and professionally focused. We believe in building a strong graduate community. During your graduate study at Virginia Tech, you will have many opportunities to participate in both academic and social activities. I look forward to welcoming you individually to the Virginia Tech graduate student community. Please let us know if you will accept our offer of admission by completing the [Offer of Admission Reply form](#) found on your student portal page.

As you prepare for your studies at Virginia Tech, I encourage you to review our comprehensive online [New Student Guide](#).

I know that financial assistance is of concern to most graduate students. It is important that you contact your department directly regarding assistantships and other funding questions. You may also visit the [Office of Scholarships and Financial Aid](#) to identify types of financial aid for which you may be eligible to receive.

- The Free Application for Federal Student Aid (FAFSA) is the application for federal student loans and is available January 1st at www.fafsa.gov for US citizens and permanent residents.
- You may file the FAFSA with estimated tax figures if you have not submitted your federal tax return.
- The Office of Scholarships and Financial Aid recommends you submit the FAFSA by early May to give them time to process your financial aid.

To access VT information and services, you will need a Personal Identifier (PID). Your PID and password grant access to e-mail, online course materials (Canvas), Hokie SPA (course registration), My VT (portal system), the university library databases, and more. The Graduate School and many departments communicate with you via your Virginia Tech email account that is accessed with your PID. [Please promptly create your PID](#). Your

SEVIS ID: N0034266694

SURNAME/PRIMARY NAME Lagadapati	GIVEN NAME Jaswanth Srivan	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Jaswanth Srivan Lagadapati	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH KHAMMAM	DATE OF BIRTH 31 MAY 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 Computer Science 11.0701	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	

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 27,535	Personal Funds	\$ 0
Living Expenses	\$ 15,804	Funds From This School	\$ 0
Expenses of Dependents (0)	\$ 0	Family Funds	\$ 45,155
Health Insurance	\$ 1,816	On-Campus Employment	\$ 0
TOTAL	\$ 45,155	TOTAL	\$ 45,155

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.

<input checked="" type="checkbox"/>	DATE ISSUED 13 April 2023	PLACE ISSUED BOTHELL, WA
SIGNATURE OF: Jennifer Kim, 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.

<input checked="" type="checkbox"/>	DATE
SIGNATURE OF: Jaswanth Srivan Lagadapati	
<input checked="" type="checkbox"/>	DATE
NAME OF PARENT OR GUARDIAN	SIGNATURE
	ADDRESS (city/state or province/country)
	DATE

16019733092 CSE-2

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: N0034265798

SURNAME/PRIMARY NAME
Mitta
PREFERRED NAME
Venkata Sai Kaushik Reddy Mitta
COUNTRY OF BIRTH
INDIA
CITY OF BIRTH
ADDANKI
FORM ISSUE REASON
INITIAL ATTENDANCE

GIVEN NAME
Venkata Sai Kaushik Reddy
PASSPORT NAME

COUNTRY OF CITIZENSHIP
INDIA
DATE OF BIRTH
27 JUNE 2002
ADMISSION NUMBER

Class of Admission
F-1
ACADEMIC AND LANGUAGE

SCHOOL INFORMATION
SCHOOL NAME
University of Washington, Bothell
Bothell
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL
Jennifer Kim
International Student Advisor

SCHOOL ADDRESS
17927 113TH AVE NE, Box 358500, BOTHELL, WA 98011
SCHOOL CODE AND APPROVAL DATE
SEA214F00005000
18 DECEMBER 2002

PROGRAM OF STUDY
EDUCATION LEVEL
MASTER'S
PROGRAM ENGLISH PROFICIENCY
Required
START OF CLASSES
27 SEPTEMBER 2023

MAJOR 1
Computer Science 11.0701
ENGLISH PROFICIENCY NOTES
Student is proficient
PROGRAM START/END DATE
27 SEPTEMBER 2023 - 22 AUGUST 2025

MAJOR 2
None 00.0000
EARLIEST ADMISSION DATE
28 AUGUST 2023

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 27,535	Personal Funds	\$ 0
Living Expenses	\$ 15,804	Funds From This School	\$ 0
Expenses of Dependents (0)	\$ 0	Family Funds	\$ 45,155
Health Insurance	\$ 1,816	On-Campus Employment	\$ 0
TOTAL	\$ 45,155	TOTAL	\$ 45,155

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 13 April 2023
PLACE ISSUED BOTHELL, WA

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: Venkata Sai Kaushik Reddy Mitta
DATE
NAME OF PARENT OR GUARDIAN _____
SIGNATURE _____
ADDRESS (city/state or province/country) _____
DATE _____

Cse-2 16019783118

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: N0034351364

SURNAME/PRIMARY NAME Reddypalli	GIVEN NAME Venkat Sai Yeswanth	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Venkat Sai Yeswanth Reddypalli	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Hyderabad	DATE OF BIRTH 27 MAY 2002	
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 Yolanda Sharese Hardaway 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 (Father)	\$ 57,278
Miscellaneous (including health insura	\$ 10,752	On-Campus Employment	\$
TOTAL	\$ 57,278	TOTAL	\$ 57,278

REMARKS

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(t)(6). I am a designated school official of the above named school and am authorized to issue this form.

<input checked="" type="checkbox"/>	DATE ISSUED 26 April 2023	PLACE ISSUED NEWARK, NJ
SIGNATURE OF: Yolanda Sharese Hardaway, 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.

<input checked="" type="checkbox"/>	SIGNATURE OF: Venkat Sai Yeswanth Reddypalli	DATE
NAME OF PARENT OR GUARDIAN	<input checked="" type="checkbox"/>	SIGNATURE
	ADDRESS (city/state or province/country)	DATE

160119733152



Graduate Admissions
Reese Building
9201 University City Blvd
Charlotte, NC 28223
704.687.5503
gradadmissions.charlotte.edu

October 13, 2023

Lakshman Gunda
1-6-144, Ramalingeshwara Theater Road, Suryapet
Suryapet, Telangana 508213
India

Dear Lakshman:

I am happy to inform you of your admission to the Master of Science in Computer Science program for the Spring 2024 semester. I congratulate you on this honor and look forward to having you join the UNC Charlotte community. Let us know if you accept or decline this offer of admission by completing the Enrollment Intention form.

Note this offer of admission does not constitute an offer of financial support, and any such offer will be extended via a separate communication.

Your UNC Charlotte Student ID is 801393898, and your NinerNET username is lgunda. You will need the username to activate your NinerNET account at <https://niner.net.uncc.edu>. Using your NinerNET account, access My Charlotte at <https://my.charlotte.edu> to register for classes, make payment, check your UNC Charlotte email, and more.

Additionally, you should become familiar with the rules and regulations of UNC Charlotte, the Graduate School, and your graduate program. Your attention is specifically directed to the Graduate School's statement on Student Responsibility, the UNC Charlotte Code of Student Academic Integrity, and the UNC Charlotte Code of Student Responsibility. These documents are available online in the Graduate Catalog.

Please communicate with the advisor provided below to determine your academic plan of study. Your admission allows you to register for classes in the term and year to which you are admitted. If you wish to enroll in a different term, year, or program, you should reapply for admission.

Again, congratulations, I wish you every success as you begin this exciting journey.

Sincerely,

Johnna W. Watson
Associate Dean of the Graduate School

Advisor: Carmalita Govan (cgovan@uncc.edu)



160119733156 (CSE-3)

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: N0034432951

SURNAME/PRIMARY NAME Gadde	GIVEN NAME Nitin Choudary	Class of Admission <h1 style="font-size: 2em;">F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Nitin Choudary Gadde	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Hyderabad	DATE OF BIRTH 09 APRIL 2001	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME University of Cincinnati University of Cincinnati	SCHOOL ADDRESS 2600 Clifton Avenue, Cincinnati, OH 45221
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Ashley Albrinck Advsiior, International Services	SCHOOL CODE AND APPROVAL DATE CLE214F10355000 27 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Computer and Information Sciences, General 11.0101	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 22 JULY 2023
START OF CLASSES 21 AUGUST 2023	PROGRAM START/END DATE 21 AUGUST 2023 - 25 APRIL 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 27,902	Personal Funds	\$ 9,109
Living Expenses	\$ 22,984	Scholarship	\$ 9,226
Expenses of Dependents (0)	\$	Family	\$ 35,000
Health Insurance	\$ 2,449	On-Campus Employment	\$
TOTAL	\$ 53,335	TOTAL	\$ 53,335

REMARKS

I-20 has been electronically issued per SEVP guidance.

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.

<input checked="" type="checkbox"/> <i>Ashley Albrinck</i>	DATE ISSUED 09 May 2023	PLACE ISSUED Cincinnati, OH
SIGNATURE OF: Ashley Albrinck, Advsiior, International Services		

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.**

<input checked="" type="checkbox"/>	SIGNATURE OF: Nitin Choudary Gadde	DATE
	<input checked="" type="checkbox"/>	
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)
		DATE

160119733178

CSE-3

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: N0034157909

SURNAME/PRIMARY NAME Kota	GIVEN NAME Vishal Reddy	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Vishal Reddy Kota	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH HYDERABAD	DATE OF BIRTH 13 AUGUST 2001	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME George Mason University Fairfax	SCHOOL ADDRESS 4400 University Drive - MSN 4C3, Fairfax, VA 22030
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Anne Maschino Immigration Specialist	SCHOOL CODE AND APPROVAL DATE WAS214F00683000 22 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Data Modeling/Warehousing and Database Administration 11.0802	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 15 JULY 2023
START OF CLASSES 21 AUGUST 2023	PROGRAM START/END DATE 14 AUGUST 2023 - 31 DECEMBER 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 29,682	Personal Funds	\$ 30,768
Living Expenses	\$ 33,684	Funds From This School	\$
Expenses of Dependents (0)	\$	Family Funds	\$ 36,298
Required Health Insurance	\$ 3,700	On-Campus Employment	\$
TOTAL	\$ 67,066	TOTAL	\$ 67,066

REMARKS

George Mason University offers courses which allow students to maintain their F-1 status in the United States, both in mode of instruction and in full-time enrollment. Cost are estimates only and are subject to change. Student must check-in at the OIPS and attend orientation at the beginning of the first semester.

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 designated school official of the above named school and am authorized to issue this form.

<input checked="" type="checkbox"/> <u>Anne Maschino</u>	DATE ISSUED 25 March 2023	PLACE ISSUED Fairfax, VA
SIGNATURE OF: Anne Maschino, Immigration Specialist		

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.

<input checked="" type="checkbox"/> <u>Vishal</u>	DATE 08/04/2023
SIGNATURE OF: Vishal Reddy Kota	
NAME OF PARENT OR GUARDIAN	SIGNATURE
	<u>INDIA</u>
	ADDRESS (city/state or province/country)
	DATE