Department of Homeland Security

U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status OMB NO. 1653-0038

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SURNAME/PRIMARY NAME

PREFERRED NAME Raghuveer Reddy Dachani

COUNTRY OF BIRTH

INDIA

CITY OF BIRTH

FORM ISSUE REASON CONTINUED ATTENDANCE GIVEN NAME Raghuveer Reddy

PASSPORT NAME

COUNTRY OF CITIZENSHIP

INDIA

DATE OF BIRTH 29 MARCH 1992

ADMISSION NUMBER

Class of Admission

ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME

Campbellsville University Campbellsville University - Louisville

SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL

Tori Mattingly International Student Advisor

SCHOOL ADDRESS

2300 Greene Way, Louisville, KY 40220

MAJOR 2

None 00.0000

EARLIEST ADMISSION DATE

SCHOOL CODE AND APPROVAL DATE

NOL214F10723001 06 FEBRUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL

MASTER'S

MAJOR 1

Computer/Information Technology Services Administration and

Management, Other 11.1099

PROGRAM ENGLISH PROFICIENCY

Required

ENGLISH PROFICIENCY NOTES Student is proficient

PROGRAM START/END DATE

START OF CLASSES 09 MARCH 2020 - 16 OCTOBER 2021 09 MARCH 2020

FINANCIALS ESTIMATED AVERAGE COSTS FOR: 12 MONTH	S		STUDENT'S FUNDING FOR: 12 MONTHS	planting.	Ind
Tuition and Fees		10,350	Personal Funds	\$	0
Living Expenses	ş	8,000	Funds From This School	\$	0
Expenses of Dependents (0)	\$	0	Father	\$	45,298
books, supplies, medical insurance	ş	3,150	On-Campus Employment	\$	0
TOTAL	\$	21,500	TOTAL	\$	45,298

REMARKS

Worksite-750 E Pratt St Baltimore, MD 21202

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 atherission 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 and am authorized to issue this form. designat

SIGNATURE OF: Tori Mattingly, onal Student

DATE ISSUED 05 March 2020 PLACE ISSUED

Louisville, KY

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.

X PODUL	03/09/2020
SIGNATURE OF: Raghuveer Reddy Dachani	DATE
X	

NAME OF PARENT OR GUARDIAN

SIGNATURE

ADDRESS (city/state or province/country)

DATE

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EMPLOYMENT AUTHORIZATION	ONS	100		THE PARTY
TYPE CPT	FULL/PART-TIME FULL TIME	STATUS APPROVED	START DATE 09 MARCH 2020	END DATE 08 MARCH 2021
EMPLOYER INFORMATION	Aur	it.		42 (10.4)
TYPE CPT EMPLOYER NAME	START DATE	AUTHORIZATION 09 MARCH 2020 - END DATE		0.0003700
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