

New I-20 First Page

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: N0000148174

SURNAME/PRIMARY NAME	GIVEN NAME	CLASS F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME	PASSPORT NAME	
COUNTRY OF BIRTH JORDAN	COUNTRY OF CITIZENSHIP JORDAN	
DATE OF BIRTH 24 OCTOBER 1976	ADMISSION NUMBER	
FORM ISSUE REASON INITIAL ATTENDANCE	LEGACY NAME	

SCHOOL INFORMATION

SCHOOL NAME State University of New York at Binghamton State University of New York at Binghamton	SCHOOL ADDRESS International Student & Scholar Services, Binghamton, NY 13902
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Director of International Student & Scholar Services	SCHOOL CODE AND APPROVAL DATE BUF214F20000000 22 OCTOBER 2010

PROGRAM OF STUDY

EDUCATION LEVEL DOCTORATE	MAJOR 1 Industrial Engineering 14.3501	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 72 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 23 JUNE 2015	PROGRAM END DATE 31 MAY 2018	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 14,200	Personal Funds	\$ 5,524
Living Expenses	\$ 13,200	Assistanship-Tuition Scholar	\$ 27,876
Expenses of Dependents (0)	\$ 6,000	Funds From Another Source	\$
32400	\$ 0	On-Campus Employment	\$
TOTAL	\$ 33,400	TOTAL	\$ 33,400

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

<input checked="" type="checkbox"/>	DATE ISSUED 23 June 2015	PLACE ISSUED Binghamton, NY
SIGNATURE OF: Director of International Student & Scholar 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"/>	DATE	DATE
SIGNATURE OF		
<input checked="" type="checkbox"/>	SIGNATURE	ADDRESS (city/state or province/country)
NAME OF PARENT OR GUARDIAN		DATE

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U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO. 1405-0119
EXPIRES: 07-31-2014
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Surname/Primary Name: _____ Given Name: _____ Gender: FEMALE		N0000148206
Date of Birth (mm-dd-yyyy): 06-09-1993	City of Birth: Apeldoorn Country of Birth: NETHERLANDS Citizenship Country Code: NL Citizenship Country: NETHERLANDS	J-1
Legal Permanent Residence Country Code: NL Legal Permanent Residence Country: NETHERLANDS Position Code: 215 Position: UNIVERSITY UNDERGRADUATE STUDENTS	Primary Site of Activity: Office of International Programs 4400 VESTAL PKWY Binghamton University, PO Box 6000 BINGHAMTON, NY 13902-4600	
2. Program Sponsor: State University of New York at Binghamton Program Number: P-1-04832		
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; SPECIALIST; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE		
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.		
3. Form Covers Period: From (mm-dd-yyyy): 08-24-2015 To (mm-dd-yyyy): 12-23-2015	4. Exchange Visitor Category: STUDENT NON-DEGREE Subject/Field Code: 23.0101 Subject/Field Code Remark: Undergraduate Exchange Student studying English.	
5. During the period covered by this form, the total estimated financial support (in U.S. \$) to be provided to the exchange visitor by: Current Program Sponsor Funds : \$10,130.00 Personal Funds : \$9,600.00 Total : \$19,730.00		
6. DEPARTMENT OF STATE RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER TO THE SIGNATURE OF THE RESPONSIBLE OFFICER		Responsible Officer
Name of Officer/Preparing Form: _____ Title: _____ International Student & Scholar Services Box 6000 Binghamton University Binghamton, NY 13902 Office or Address: _____ Telephone Number: _____ 607-777-2510 Date (mm-dd-yyyy): _____ 06-23-2015 Responsible Officer or Alternate Responsible Officer		
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended. Signature of Responsible Officer or Alternate Responsible Officer: _____ Date (mm-dd-yyyy) of Signature: _____		
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(c) of page 2). The Exchange Visitor in the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended Name: _____ Title: _____ Signature of Consular or Immigration Officer: _____ Date (mm-dd-yyyy): _____		TRAVEL VALIDATION BY RESPONSIBLE OFFICER <i>(Maximum validation period is 1 year*)</i> *EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel. (1) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy): _____ Signature of Responsible Officer or Alternate Responsible Officer: _____ (2) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy): _____ Signature of Responsible Officer or Alternate Responsible Officer: _____
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e). EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document. Signature of Applicant: _____ Place: _____ Date (mm-dd-yyyy): _____		