

UNT

UNIVERSITY
NORTH TEXAS



Chandupatla, Rahul Reddy
Student

Issue: 1

Principal
St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda,
WARANGAL-506 001(T.S.)

ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES
 Hanamkonda, Warangal - 506001, T.S. India.

IDENTITY CARD

Name: M. AMULYA

Roll No: 19. ANJANEYULU

Class/Program: 19. PHARM. P. CEUTIC.

Date of Birth: 21-05-1996.

Blood Group: —

Signature of Candidate: M. Amulya

Signature of Principal: [Signature]

Principal
 St. Peter's Institute of Pharmaceutical Sciences
 Vidyanagar, Hanamkonda
 Warangal, T S - 506 001

9701189839, 19.00-

Address for Communication

H.No. 7-2-54/2

R. RAJPOOT STREET Near

HANUMAN TEMPLE

Principal

St. Peter's Institute of Pharmaceutical Sciences
 Vidyanagar, Hanamkonda
 Warangal, T S - 506 001


Principal
 St. Peter's Institute of Pharmaceutical Sciences
 Vidyanagar, Hanamkonda,
 WARANGAL-506 001 (T.S.)



Address for Communication

H NO. 3-4-693/5/A

RAJIPURA WARANGAL.

8639675832.

Principal
St. Peter's Institute of Pharmaceutical Sciences

Vidyanagar, Hanamkonda

Warangal, T S - 508 001

ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES

Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

IDENTITY CARD

Name : ASAM SACYA

S/o. M. : ASAM HARI HARA KURUMBY

Class : B. PHARM.

Date of Birth : 02-05-1998

Blood Group : P. H. S. S. I.

Signature of Candidate : [Signature]

Signature of Principal : [Signature]

Principal
St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda,
WARANGAL-506 001(T.S.)



Address for Communication

Sl. No. 2-9-135/2A.
WILKINS NAGAR. ROAD NO 21.
Near I.V. TOWER.
St. Peter's Institute of Pharmaceutical Sciences
Hanamkonda
S. 508 001 506001.

ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES

Vidyanagar, Hanamkonda, Warangal - 508001, T.S. India.

IDENTITY CARD

Name : P. CHANDHANA.
S/o. P/o : P. CHANDRAMOULI
Class : B.A. PHARM.
Date of Birth : 13-05-1998
Blood Group : Principal
Signature of Candidate : P. Chandhana
Signature of Principal :
St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda
Warangal, T.S - 508 001

Principal
St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda,
WARANGAL-508 001(T.S.)



Address for Communication

H no 1-25

K. TEKUMELLA, CHANAKYURU

Principal J. D. CARSON DASA

Institute of Pharmaceutical Sciences

Vidyanagar, Hanamkonda T.S.

Warangal, T.S - 506 001

ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES

Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

IDENTITY CARD

Name : MADUPU AKHILA

S/o. Dr : T. VENKATESWARLU

Class M. Pharm : 09-PHARM

Date of Birth : 17-10-1998

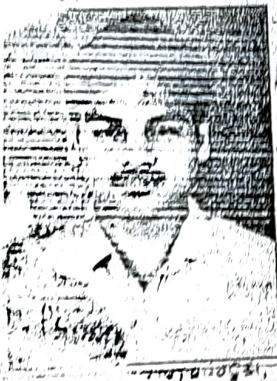
Blood Group : - - - - -

Signature of Candidate

Signature of Principal

St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda
Warangal, T.S. - 506 001

Principal
St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda,
WARANGAL-506 001(T.S.)



Address for Communication

Handwritten: 16-8-15/14
V. RANJITH KUMAR
WARANGAL.

Principal
Pharmaceutical Sciences
Vidyanagar, Hanamkonda
Warangal, T.S - 506 001

ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES

Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

IDENTITY CARD

Name : V. RANJITH KUMAR
S/o. : RAVINDER
Class : 5th PHARM.

Date of Birth : _____

Blood Group : _____

Signature of Candidate: *[Handwritten Signature]* Signature of Principal: *[Handwritten Signature]*

Vidyanagar, Hanamkonda
Warangal, T.S.

Principal
St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda,
WARANGAL-506 001(T.S.)



Address for Communication

H.No.

SUBEDARI, H.N.R.

Principal
Pharmaceutical Sciences T.S.

Hanankonda

506 001

ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES

Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

IDENTITY CARD

Name : RENE MALA RAJESHWAR

S/o. M. : R. BRAHMANATH

Class : 19-PHARM

Date of Birth : 15-08-1997

Blood Group : _____

Signature of Candidate: R. Rajeshwar

Principal


Principal
St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda,
WARANGAL-506 001(T.S.)



Address for Communication

H.No. 8-49,

HANAMKONDA
HANAMKONDA
T.S.

Principal
St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda
Warangal, T.S - 506 001

ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES
Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

IDENTITY CARD

Name : MS. VIDYA
S/o. o/o. : MR. RAVINDER
Class : 09. PHARM.
Date of Birth : 04-06-1999
Blood Group : -

MS. Vidya - Signature of Candidate
Principal - St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda
Warangal, T.S - 506 001

Principal
St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda,
WARANGAL-506 001(T.S.)



Address for Communication

NO. 2-10-272
ADDDEPALLY, SUBEDARI
NEAR PINGLE DEGREE COLLEGE
HANAMKONDA, 506001
Vidyanagar, Hanamkonda,
Warangal, T S - 506 001

ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES

Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

IDENTITY CARD

Name : G. PRAVALLI
S/o. D/O : G. SHIVAJI
Class : JCI. PHARM. P. CELEBS.
Date of Birth :
Blood Group :
Signature of Candidate : G. Praveen
Signature of Principal : Principal

Warangal, T S - 506 001

Principal
St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda,
WARANGAL-506 001(T.S.)

CG119613026 RQ.NO.



Address for Communication

H No. 2-4-1209/9.

VIDYA NAGAR

HANAMKONDA.

St. Peter's Institute of Pharmaceutical Sciences

Hanamkonda 506001

Warangal, T S - 506 001

ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES

Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

IDENTITY CARD

Name : G. Amulya
S/o. D/o : G. VENKATESH KAKULU
Class : 1st PHARM.
Date of Birth : 31-08-1997
Principal

Blood Group :
G. Amulya, St. Peter's Institute of Pharmaceutical Sciences

Signature of Candidate : Vidyanagar, Hanamkonda
Principal
Warangal, T S - 506 001


Principal
St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda,
WARANGAL-506 001(T.S.)

7680966571.



Address for Communication

3-H-516

SUDHAWAGAR

HANAMKONDA

WARANGAL. T.S.

506001.

ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES

Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

IDENTITY CARD

Name : HEERA GOUDHAR VYSHNAVI

S/o. No. : H.G. TROHANLSE

Class : 1st PHARM.

Date of Birth : 10-04-1999

Blood Group :

Signature of Candidate

Signature of Principal

Principal

St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda,
WARANGAL-506 001(T.S.)



Address for Communication

H.No. 6-26/1

R. NEERAJAN Layout

THIRUPATI

CHITTOOR. D.D.

ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES

Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

IDENTITY CARD

Name : K. RUSHIHA
S/o. D/o. : K. VENKATA CHALAPATHI
Class : M. PHARM
Date of Birth : 13-04-1998
Blood Group : _____

Signature of Candidate

Signature of Principal


Principal
St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda,
WARANGAL-506 001(T.S.)


UNIT

WARANGAL
TELANGANA
INDIA



Merugu, Saicheran
Student

Issue: 1


Municipal
St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda,
WARANGAL-506 001(T.S.)



SNEHA BANDARI

GRAD STUDENT

NW59652

21429033109626




Principal
St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda,
WARANGAL-506 001 (T.S.)

SEVIS ID: N012419124113

SURNAME/PRIMARY NAME Velluli	GIVEN NAME Vineetha	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Vineetha	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH HANAMKONDA	DATE OF BIRTH 31 May 1997	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION	
SCHOOL NAME University of North Texas University of North Texas	SCHOOL ADDRESS 1155 Union Circle #311067, Denton, TX 76203
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Stacey Benton Senior Immigration Advisor	SCHOOL CODE AND APPROVAL DATE DAL214F00610000 21 JANUARY 2003

PROGRAM OF STUDY		
EDUCATION LEVEL MASTER'S	MAJOR 1 Information Science/Studies 11.0401	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 19 JULY 2020
START OF CLASSES 21 AUGUST 2020	PROGRAM START/END DATE 18 AUGUST 2020 - 12 DECEMBER 2023	

FINANCIALS		ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 16,254	Personal Funds	\$	0	
Living Expenses	\$ 15,308	Funds From This School	\$		
Expenses of Dependents (0)	\$	Family Funds	\$	35,684	
Books, Insurance	\$ 4,122	On-Campus Employment	\$		
TOTAL	\$ 35,684	TOTAL	\$	35,684	

REMARKS
Tuition/fees 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.

X Stacey Benton Digitally signed by Stacey Benton
Date: 2023.03.06 11:08:07 -0600 **DATE ISSUED** 06 March 2020 **PLACE ISSUED** Denton, TX

SIGNATURE OF: Stacey Benton, Senior Immigration 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 _____ **DATE** _____

SIGNATURE OF: Vineetha

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

Principal
St. Peter's Institute of Pharmaceutical Science
Vidyanagar, Hanamkonda,
WARANGAL-506 001(T.S.)



April 21, 2020

To Whom It May Concern:

Re: G.Venkata indira
Student Number: 20039868
DLI#: O146026559274
Campus: Toronto

This letter is to confirm that G.Venkata indira is registered as a full-time student in the Global Business Management program at Sault College - Toronto campus. Haq Ul is registered in the first semester of this program, which runs from May 10, 2020 to August 20, 2020.

The Global Business Management program is a 2-year - 4-semester Ontario College Graduate Certificate program. The expected program completion date for a student in the first semester of this program is December 7th, 2020.

This information is accurate as per the date of this letter. If further clarification is required, please do not hesitate to contact our office at triosrecords@saultcollege.ca.

A handwritten signature in black ink that reads 'Kcampbell'.

Karli Campbell
Registrar

A handwritten signature in green ink, appearing to be a stylized 'P'.

Principal
St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda,
WAPARIG 01-505 001 (T.S.)

SEVIS ID: H10219124113

SURNAME/PRIMARY NAME Atukula	GIVEN NAME Aishwarya	Class of Admission <h1 style="font-size: 2em;">F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Aishwarya	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH HANAMKONDA	DATE OF BIRTH 04 September 1996	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME University of North Texas University of North Texas	SCHOOL ADDRESS 1155 Union Circle #311067, Denton, TX 76203
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Stacey Benton Senior Immigration Advisor	SCHOOL CODE AND APPROVAL DATE DAL214F00610000 21 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Information Science/Studies 11.0401	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 19 JULY 2020
START OF CLASSES 21 AUGUST 2020	PROGRAM START/END DATE 18 AUGUST 2020 - 12 DECEMBER 2023	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 16,254	Personal Funds	\$ 0
Living Expenses	\$ 15,308	Funds From This School	\$
Expenses of Dependents (0)	\$	Family Funds	\$ 35,684
Books, Insurance	\$ 4,122	On-Campus Employment	\$
TOTAL	\$ 35,684	TOTAL	\$ 35,684

REMARKS

Tuition/fees 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.

SIGNATURE OF: Stacey Benton <small>Digitally signed by Stacey Benton Date: 2023.03.06 11:08:07 -0600</small>	DATE ISSUED 06 March 2020	PLACE ISSUED Denton, TX
--	-------------------------------------	-----------------------------------

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: Aishwarya.A	DATE
NAME OF PARENT OR GUARDIAN	SIGNATURE
	ADDRESS (city/state or province/country)
	DATE

Principal
St. Peter's Institute of Pharmaceutical Science
Vidyanagar, Hanamkonda,
WARANGAL-506 001(T.S.)

LETTER OF ACCEPTANCE

Date of Issue: August 03, 2020



**SAULT
COLLEGE**

Congratulations! You have been offered admission to Sault College!

PERSONAL INFORMATION

Family Name:	CAQ: No
Given Name: Saharsh Fathima	Student's Full Mailing Address: 8-27/1, , Hanamonda, Warangal Urban , Telangana 506001, India
Date of Birth: August 27, 1996	
Student ID #: 20039868	Referring Agent (if applicable): Applyboard (Easy Education Inc.)

INSTITUTIONAL INFORMATION

Name of Contact: International Admissions and Records Phone: 1 705 759-2554 ext 2879 Email: international.admissions@saultcollege.ca	Full Name and Address of Institution: Sault College Toronto Campus 2340 Dundas St. West, Suite 200 Toronto, Ontario, M6P 4A9, Canada
Type of School/Institution: Public	
Website: www.saultcollege.ca/toronto	Designated Learning Institution #: O146028559284

PROGRAM INFORMATION

Academic Status: Full-Time Program of Study: Global Business Management (5906) Campus: Toronto Program Length: 4 Semester(s) Start Date: August 10, 2020 Approx. Completion Date: December 16, 2022 Credential: Ontario College Graduate Certificate (Post-Graduate) Level of Study: Level 1 Hours of Instruction: 20 Exchange Program: No	Fee Structure: TOTAL DUE: \$2,500.00 by February 03, 2020 \$7,090.70 by April 16, 2020 \$2,500.00 by June 14, 2020 \$6,155.70 by August 13, 2020 Tuition Fees: \$16,466.40 Mandatory Ancillary Fees: \$1,780.00 Total Annual Fees: \$18,246.40*
Internship/Work practicum: Not Available	Scholarship/Teaching Assistantship/Other Financial Aid: No
Conditions of Acceptance: • N/A	Expiry of Letter of Acceptance: August 03, 2020
<p>Note: *Tuition and fees quoted are for the first two semesters of a program and are subject to change. This is not an invoice of fees but serves as an estimate of fees. This LOA does not reflect any prior payments made to Sault College.</p> <p>Your tuition and ancillary fees are available on the Sault College student portal at https://my.saultcollege.ca. For a full list of required ancillary fees, please visit www.saultcollege.ca/Admissions/Tuition.asp</p> <p>Please review our refund and withdrawal process. It is available on our website at www.saultcollege.ca/Admissions/RefundPolicy.asp. No deferrals or refunds will be possible based solely on preference of delivery mode.</p>	

Karli Campbell, Registrar
Sault College

Principal
St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda,
WARANGAL-506 001 (T.S.)

SEVIS ID:A2784763992

SURNAME/PRIMARY NAME Lakavath	GIVEN NAME Harini	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Harini	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Warangal	DATE OF BIRTH 18JANUARY1997	
FORM ISSUE REASON INITIALATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME UniversityofMaryland, BaltimoreCounty UniversityofMaryland, BaltimoreCounty	SCHOOL ADDRESS 1000HILLTOPCIR, UniversityCenter207, BALTIMORE, MD 21250
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL AdwoaHanson-Hall InternationalStudentandScholarAdviser	SCHOOL CODE AND APPROVAL DATE BAL214F00062000 27JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Computer/InformationTechnology Services Administration and Management, Other 11.1099	MAJOR 2 Multi-/InterdisciplinaryStudies, Other 30.9999
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Studentisproficient	EARLIEST ADMISSION DATE 01AUGUST 2020
START OF CLASSES 31AUGUST 2020	PROGRAM START/END DATE 31AUGUST2020-25MAY2022	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
TuitionandFees Living	\$24,048	PersonalFunds	\$ 0
Expenses	\$12,075	FundsFromThisSchool	\$
ExpensesofDependents (0)	\$	Family	\$39,122
HealthInsurance	\$ 2,999	On-CampusEmployment	\$
TOTAL	\$39,122	TOTAL	\$39,122

REMARKS

Master's of Professional Studies in Health Information Technology. In case of emergency during entry to the US, please call UMBC Police at +1 410-455-5555 and ask to speak with an international student advisor.

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"/> X	DATE ISSUED 02March2020	PLACE ISSUED BALTIMORE, MD
SIGNATURE OF: Adwoa Hanson-Hall, International Student and Scholar Adviser		

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"/> X	SIGNATURE OF: Harini.L	DATE
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country) DATE

LETTER OF ACCEPTANCE

Date of Issue: February 03, 2021



**SAULT
COLLEGE**

Congratulations! You have been offered admission to Sault College!

PERSONAL INFORMATION

Family Name:	CAQ: No
Given Name: MD.Habeeb Ali Mirza	Student's Full Mailing Address: 7-827/1, kazipet, Hanamonda, Warangal Urban , Telangana 506001, India
Date of Birth: November 05, 1993	
Student ID #: 20039868	Referring Agent (if applicable): Applyboard (Easy Education Inc.)

INSTITUTIONAL INFORMATION

Name of Contact: International Admissions and Records Phone: 1 705 759-2554 ext 2879 Email: international.admissions@saultcollege.ca	Full Name and Address of Institution: Sault College Toronto Campus 2340 Dundas St. West, Suite 200 Toronto, Ontario, M6P 4A9, Canada
Type of School/Institution: Public	
Website: www.saultcollege.ca/toronto	Designated Learning Institution #: O146028559284

PROGRAM INFORMATION

Academic Status: Full-Time Program of Study: Global Business Management (5906) Campus: Toronto Program Length: 4 Semester(s) Start Date: May 10, 2021 Approx. Completion Date: December 16, 2022 Credential: Ontario College Graduate Certificate (Post-Graduate) Level of Study: Level 1 Hours of Instruction: 20 Exchange Program: No	Fee Structure: TOTAL DUE: \$2,500.00 by February 03, 2021 \$7,090.70 by April 16, 2021 \$2,500.00 by June 14, 2021 \$6,155.70 by August 13, 2021 Tuition Fees: \$16,466.40 Mandatory Ancillary Fees: \$1,780.00 Total Annual Fees: \$18,246.40*
Internship/Work practicum: Not Available	Scholarship/Teaching Assistantship/Other Financial Aid: No
Conditions of Acceptance: • N/A	Expiry of Letter of Acceptance: May 03, 2021

Note: *Tuition and fees quoted are for the first two semesters of a program and are subject to change. This is not an invoice of fees but serves as an estimate of fees. This LOA does not reflect any prior payments made to Sault College.

Your tuition and ancillary fees are available on the Sault College student portal at <https://my.saultcollege.ca>. For a full list of required ancillary fees, please visit www.saultcollege.ca/Admissions/Tuition.asp

Please review our refund and withdrawal process. It is available on our website at www.saultcollege.ca/Admissions/RefundPolicy.asp. No deferrals or refunds will be possible based solely on preference of delivery mode.

Karli Campbell, Registrar
Sault College


Principal
St. Peter's Institute of Pharmaceutical Science
Vidyanagar, Hanamkonda,
WARANGAL-506 001(T.S.)



Sacred Heart UNIVERSITY

INTERNATIONAL ADMISSIONS

May 2, 20221

Dear Mattupalli Naresh

Congratulations! The Admissions Committee for the Graduate Program in **MS in Healthcare Informatics** program has completed its review of your academic credentials. Based on these assessments and the conclusions of the Committee, **I am pleased to offer you admission to the Sacred Heart University class entering in the Fall 2021 term.**

Your student ID is **6875344**. Please keep this for your records.

Your admission status is: **Admit**

Any pre-requisite coursework or conditions of your acceptance, if required, is specified here:

The competition for admission was particularly rigorous this year. We were impressed by your academic achievements and believe strongly in your potential for continued success. A mandatory orientation is scheduled approximately one week prior to the start of your program. Please pay close attention to your email address on file (nikhilupputhalawg840@gmail.com) as you will be receiving several detailed emails explaining the costs of your program, important dates to remember, an explanation of conditions of your acceptance (if any), and detailed next steps to receive your I-20. Briefly, your next steps include:

1. **Pay your enrollment deposit (this is required to issue the I-20)**
2. Have your I-20 emailed/shipped from Sacred Heart University
3. Schedule and prepare for your visa interview
4. Secure your visa
5. Prepare your health immunization records
6. Register for classes
7. Register for orientation
8. Book travel to Sacred Heart University

Sacred Heart University holds students to the highest level of academic integrity, and conducts regular audits of academic documents (such as transcripts, exam scores, etc.). If any documents are found to have been falsified or altered in any way, your acceptance will be automatically terminated and you may be reported to US immigration officials.

As a graduate student at Sacred Heart University, you will be subject to all academic standards and regulations and to the program guidelines in effect for the semester applicable at the time of this acceptance. Furthermore, as an international student, and in accordance with Immigration and Customs Enforcement (ICE) regulations, you are required to maintain continuous, full-time enrollment. Failure to do so may invalidate your student status here at Sacred Heart University, your legality as a visitor to the United States, and consequently subject you to the appropriate ICE repatriation laws. Please refer to our official Graduate Catalog for the complete policy governing full-time status for international students. Please note, that it is a requirement of Sacred Heart University that all graduate students maintain a minimum cumulative GPA of 3.0.

Finally, please accept my congratulations on your successful application. You are about to embark on an exciting, challenging and rewarding professional educational experience. We look forward to welcoming you to the Sacred Heart University campus community and to our graduate program.

With warm wishes,

Cori Nevers
Executive Director of International Admissions
neversc@sacredheart.edu

Principal
St. Peter's Institute of Pharmaceutical Science
Vidyanagar, Hanamkonda,
WARANGAL-506 001(T.S.)

April 21, 2020

To Whom It May Concern:

Re: Sai Chand
Student Number: 20039868
DLI#: O146026559274
Campus: Toronto

This letter is to confirm that Sai Chand is registered as a full-time student in the Global Business Management program at Sault College - Toronto campus. Sai Chand is registered in the first semester of this program, which runs from May 10, 2020 to August 20, 2022.

The Global Business Management program is a 2-year - 4-semester Ontario College Graduate Certificate program. The expected program completion date for a student in the first semester of this program is December 7th, 2022.

This information is accurate as per the date of this letter. If further clarification is required, please do not hesitate to contact our office at triosrecords@saultcollege.ca.



Karli Campbell
Registrar



Principal
St. Peter's Institute of Pharmaceutical Science
Vidyanagar, Hanamkonda,
WARANGAL-506 001 (T.S.)