

To,

Admission Office
Livingstone College
Salisbury

Dear Director Admission


It is a great pleasure to nominate the following students of INVERTIS UNIVERSITY, BAREILLY, INDIA for the J-1 Program, Spring 2023 at Livingstone college Salisbury USA.

All the nominated Students have passed through the internal assessment process and fulfilled the criteria for Student-Exchange Program.

Sr No	Name	Course	Semester	Passport No
1	Antara Raman Sahay	B.Tech CSE	VII	V5656167
2	Anmol Singh	BBA	V	W0210915
3	Danial Shamsi	BCA	III	V5655395
4	Gauri Bansal	BBA	V	L3541474
5	Priyanshu Gupta	BBA	V	Z5806159
6	Ujwal Upadhyaya	BCA	V	V5654081
7	Utkarsh Bhatt	BA.BED	VII	V5653166

I truly hope that our students will embrace the new Culture and gain skills for self-development.

Thanking you,


Dr. Y.D.S. Arya
Chancellor

CAMPUS

Invertis Village Bareilly-Lucknow NH - 24, Bareilly-243123

• Ph. (0581) 2460442, 2460443, 3004100 • Teletax (0581) 2460454 • E-mail info@invertis.org

CITY OFFICE

B 186, Civil Lines, Opp. GPO, Bareilly-243001 • Ph. (0581) 2429100, 2429000, 3004100

www.invertisuniversity.ac.in


Registrar
Invertis Un.
Bareilly



Livingstone College
Office Of Admissions

701 W. MONROE ST.
SALISBURY, NC 28144

November 21, 2022

Daniyal Shamsi
671/A, Jabbar Building, Prem Nagar
Bareilly, IN 243005

Student ID: 100229263

Dear Daniyal,

Congratulations! You have been accepted as an **Exchange Student for the Spring 2023 semester**. Along with your student VISA, you must arrive to campus with your updated physical/immunization records, official college transcripts and official final high school transcripts.

Please be advised, as a **Special Visiting Student** you are not entitled to any **Financial Aid** and you are also ineligible for a degree-seeking program. Should you choose to change your status from International Special Visiting, you would need to provide the Institution with all required documentation to be reviewed for acceptance as a degree-seeking student. Your residence status is **boarding** based on the information on your application.

The next important step in the enrollment process is the *mandatory* New Student Registration and Check-in on Wednesday January 4, 2023 at 8:00 am; which requires an orientation fee of \$150. (US CURRENCY) Once completely checked in, you will be reporting to stay for the Spring Semester at Livingstone College. We strongly encourage that you arrive to the campus no later than 8:00am on the day of registration and you will be directed to your location. To confirm your acceptance and attendance to spring registration, please sign the acknowledgement page of the acceptance letter and mail to the Office of Admissions no later than January 4, 2023.

Enclosed is the Medical form, which should be returned to the attention of Health Services at Livingstone College. The Housing Application is to be completed online and you will receive instructions by email from Mr. R. Bedford (<mailto:RBedford@livingstone.edu>) on how to complete the form, which must also be accompanied with the housing deposit of \$200. Please inform the Office of Admissions of any special needs that you may have in regards to your attendance. Should you have any questions concerning your acceptance, feel free to contact me at 800-835-3435 ext.1.

Sincerely,

Shari R. Hill

Shari R. Hill
Interim Director of Admissions

Registrar
Invervis University
Bareilly

November 21, 2022

Daniyal Shamsi
671/A, Jabbar Building, Prem Nagar
Bareilly, IN 243005

Dear Daniyal:

Congratulations! In the spirit of excellence upon which Livingstone College has built its tradition and in recognition of your outstanding academic achievement, it gives us great pleasure to offer you a Presidential Scholarship for Spring 2023 academic semester. This Presidential Scholarship is renewable and is valued at the cost of tuition, room, board, and book; it is based on the following:

- *Maintain minimum 3.5 gpa*
- *No conviction of any disciplinary infractions on or off campus*
- *Must enroll each semester and earn a minimum of 15 credit hours*

Please indicate your acceptance or refusal of this Presidential Scholarship offer by completing the enclosed form and returning it to the Office of Admissions by January 4, 2023. Please call the Office of Admissions at 1-800-835-3435 if you have any questions or concerns, you may also email shill@livingstone.edu.

Yours in Pursuit of Excellence,

Shari R. Hill

Shari R. Hill
Interim Director of Admissions

SRH/TRB


Registrar
Inveris University
Bareilly

Livingstone College

OFFICE OF ADMISSION

701 W MONROE ST • SALISBURY, NC 28144
(704) 216-6001 • (800) 815-1435
www.livingstone.edu
admissions@livingstone.edu



Daniyal Shamsi

ID #: 100229263

- I accept the offer of admission and scholarship
- I will attend Spring registration
- I decline the offer of admission

Print Name _____

Signature _____

Date _____

Registrar
Inveris University
Bareilly

Livingstone College

U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO 140
 EXPIRES 10/31/2020
 ESTIMATED BURDEN TO
 *See Page 2

Surname/Primary Name: Shamir		Given Name: Daniyal		Gender: MALE	
Date of Birth (mm-dd-yyyy): 07-29-2001		City of Birth: Bareilly		Country of Birth: INDIA	
Legal Permanent Residence Country Code: IN		Legal Permanent Residence Country: INDIA		Citizenship Country Code: IN Citizenship Country: INDIA	
Primary Site of Activity: Livingstone College 701 W MONROE ST SALISBURY, NC 28144-5213		Position Code: 219		Institution: UNIVERSITY, OTHER	
1. Program Sponsor: Livingstone College					
Participating Program Official Description: STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE					
Program Number: P-1-23741					
Purpose of this form: Begin New Program - Biographical Data Modified					
3. Form Covers Period: From (mm-dd-yyyy): 01-04-2023 To (mm-dd-yyyy): 05-05-2023		4. Exchange Visitor Category: STUDENT BACHELORS Subject/Field Code: 11.0101 Subject/Field Code Remarks: By participating in this program, the student will obtain the course credit while receive			
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: \$12,746.00 Total: \$12,746.00					
6. RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER ATTESTATION. I attest that prior to issuing this Form DS-2019, the Program Sponsor organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer, has verified, in accordance with the requirements of 22 CFR 62.12(b), that each prospective exchange visitor: (i) is eligible and qualified for, and accepted into, the program in which he or she will participate; (ii) possesses adequate financial resources to participate in and complete his or her exchange visitor program; and (iii) possesses adequate financial resources to support an accompanying spouse and dependent, if any. I also attest that upon printing and signing this form, I am physically present in the United States or in a U.S. territory. A notification copy of this form has been provided to the U.S. Department of State.		7. Wendy Jackson Responsible Officer Name of Official Preparing Form: _____ Title: _____ 701 West Monroe Street Telephone Number: 704-216-6158 Salisbury, NC 28144 Address of Responsible Officer or Alternate Responsible Officer: _____ Signature of Responsible Officer or Alternate Responsible Officer: <i>Wendy Jackson</i> Date (mm-dd-yyyy): 11-03-2022			
8. Statement of Responsible Officer for Relinquishing 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 1950, 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(a) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) 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): _____ THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(a)			
Signature of Applicant: _____ Date (mm-dd-yyyy): _____		TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*) *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: _____			
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): _____					

**Registrar
 Inverness University
 Bareilly**



Livingstone College
Office Of Admissions

701 W. MONROE ST.
SALISBURY, NC 28144

November 21, 2022

Student ID: 100229285

Priyanshu Gupta
18 Krishnayan Colony, Stadium Road Delapheer
Bareilly, IN 243001

Dear Priyanshu,

Congratulations! You have been accepted as an Exchange Student for the Spring 2023 semester. Along with your student VISA, you must arrive to campus with your updated physical/immunization records and official final high school transcripts.

Please be advised, as a Special Visiting Student you are not entitled to any Financial Aid and you are also ineligible for a degree-seeking program. Should you choose to change your status from International Special Visiting, you would need to provide the Institution with all required documentation to be reviewed for acceptance as a degree-seeking student. Your residence status is boarding based on the information on your application.

The next important step in the enrollment process is the mandatory New Student Registration and Check-in on Wednesday January 4, 2023 at 8:00 am; which requires an orientation fee of \$150. (US CURRENCY) Once completely checked in, you will be reporting to stay for the Spring Semester at Livingstone College. We strongly encourage that you arrive to the campus no later than 8:00am on the day of registration and you will be directed to your location. To confirm your acceptance and attendance to spring registration, please sign the acknowledgement page of the acceptance letter and mail to the Office of Admissions no later than January 4, 2023.

Enclosed is the Medical form, which should be returned to the attention of Health Services at Livingstone College. The Housing Application is to be completed online and you will receive instructions by email from Mr. R. Bedford (<mailto:RBedford@livingstone.edu>) on how to complete the form, which must also be accompanied with the housing deposit of \$200. Please inform the Office of Admissions of any special needs that you may have in regards to your attendance. Should you have any questions concerning your acceptance, feel free to contact me at 800-835-3435 ext.1.

Sincerely,

Shari R. Hill

Shari R. Hill
Interim Director of Admissions

Registrar
Inventis University
Bareilly

OFFICE OF ADMISSION

701 W MONROE ST • SALISBURY, NC 28144
(704) 216-6001 • (800) 835-1435
www.livingstone.edu
admissions@livingstone.edu

November 21, 2022

Priyanshu Gupta
18 Krishnayan Colony, Stadium Road Delapheer
Bareilly, IN 243001

Dear Priyanshu:

Congratulations! In the spirit of excellence upon which Livingstone College has built its tradition and in recognition of your outstanding academic achievement, it gives us great pleasure to offer you a Presidential Scholarship for Spring 2023 academic semester. This Presidential Scholarship is renewable and is valued at the cost of tuition, room, board, and book; it is based on the following:

- Maintain minimum 3.5 gpa
- No conviction of any disciplinary infractions on or off campus
- Must enroll each semester and earn a minimum of 15 credit hours

Please indicate your acceptance or refusal of this Presidential Scholarship offer by completing the enclosed form and returning it to the Office of Admissions by January 4, 2023. Please call the Office of Admissions at 1-800-835-3435 if you have any questions or concerns, you may also email shill@livingstone.edu.

Yours in Pursuit of Excellence,

Shari R. Hill

Shari R. Hill
Interim Director of Admissions

SRH/TRB

Livingstone College

Registrar
Invertis University
Bareilly

OFFICE OF ADMISSION



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(704) 216-6001 • (800) 835-3435
www.livingstone.edu
admissions@livingstone.edu

Priyanshu Gupta

ID #: 100229285

- I accept the offer of admission and scholarship
- I will attend Spring registration
- I decline the offer of admission

Print Name

Signature

Date

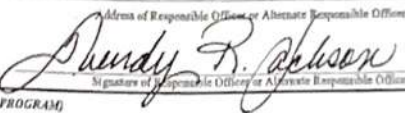
Registrar
Inveris University
Sareilly

Livingstone College

U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO. 1405-0119
 EXPIRES: 10/31/2020
 ESTIMATED BUREAU TIME: 45
 *See Page 2

Applicant's Primary Name: Last Name: Bareilly		Given Name: Priyanshu		Gender: MALE	W0033715792 J-1
Date of Birth (mm-dd-yyyy): 02-01-2002	City of Birth: Bareilly	Country of Birth: INDIA	Citizenship Country Code: IN	Citizenship Country: INDIA	
Legal Permanent Residence Country Code: IN	Legal Permanent Residence Country: INDIA	Position Code: 219	Position: UNIVERSITY, OTHER		
Primary Site of Activity: Livingstone College 701 W MONROE ST SALISBURY, NC 28144-5213					
1. Program Sponsor: Livingstone College					
Participating Program Official Description: STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE					
Program Number: P-1-23741					
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.					
3. Form Covers Period:					
From (mm-dd-yyyy): 01-04-2023		4. Exchange Visitor Category: STUDENT BACHELORS			
To (mm-dd-yyyy): 05-05-2023		Subject/Field Code: 11.0101			
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 : \$12,744.00 Total : \$12,744.00					

<p>6. RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER ATTESTATION: I attest that prior to issuing this Form DS-2019, the Program Sponsor organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer, has verified, in accordance with the requirements of 22 CFR 62.12(b), that each prospective exchange visitor: (i) is eligible and qualified for, and accepted into, the program in which he or she will participate; (ii) possesses adequate financial resources to participate in and complete his or her exchange visitor program; and (iii) possesses adequate financial resources to support an accompanying spouse and dependents, if any. I also attest that upon printing and signing this form, I am physically present in the United States or in a U.S. territory. A nonfiction copy of this form has been provided to the U.S. Department of State.</p>	<p>7. Wendy Jackson Responsible Officer</p> <p align="center">Name of Official Preparing Form 701 West Monroe Street Salisbury, NC 28144</p> <p align="center">Address of Responsible Officer or Alternate Responsible Officer  Signature of Responsible Officer or Alternate Responsible Officer</p> <p align="right">Title 704-216-6158 Telephone Number</p> <p align="right">11-03-2022 Date (mm-dd-yyyy)</p>
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<p>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.</p> <p>Signature of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy) of Signature _____</p>	<p align="center">TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*)</p> <p>*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.</p> <p>(1) Exchange Visitor is in good standing at the present time</p> <p align="right">Date (mm-dd-yyyy) _____</p> <p align="right">Signature of Responsible Officer or Alternate Responsible Officer _____</p> <p>(2) Exchange Visitor is in good standing at the present time</p> <p align="right">Date (mm-dd-yyyy) _____</p> <p align="right">Signature of Responsible Officer or Alternate Responsible Officer _____</p>
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PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 101(a) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2):

The Exchange Visitor in the above program:

1. Not subject to the two-year residence requirement.

2. Subject to two-year residence requirement based on:

A. Government financing and/or

B. The Exchange Visitor Skills List and/or

C. PL 94-484 as amended

(ALL USAID PARTICIPANTS G-3-0026) AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04519 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)

Name _____ Title _____

Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) _____

THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 101(a)

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) _____

Page 1 of 2



U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO. 1405-0118
 EXPIRES 10/31/2020
 ESTIMATED BURDEN TIME: 45 min
 See Page 2

Sponsor/Primary Name: Livingstone College		City of Birth: Bareilly		Given Name: Priyanshu		Gender: MALE	
Date of Birth (mm-dd-yyyy): 02-01-2002		Country of Birth: INDIA		Citizenship Country Code: IN		Citizenship Country: INDIA	
Legal Permanent Residence Country Code: IN		Legal Permanent Residence Country: INDIA		Passport Code: 219		Passport: UNIVERSITY, OTHER	
Sponsor's Site of Activity: Livingstone College 701 W MONROE ST SALISBURY, NC 28144-5213							

W0033715792

J-1

1. Program Sponsor: Livingstone College
 Participating Program Official Description: STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE
 Program Number: P-1-23741

Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.

3. Form Covers Period: From (mm-dd-yyyy): 01-04-2023 To (mm-dd-yyyy): 05-05-2023	4. Exchange Visitor Category: STUDENT BACHELORS SubjectField Code: 11.0101 SubjectField Code Remarks: By participating in this student exchange program, the student will obtain the course cre
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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 : \$12,746.00
 Total : \$12,746.00

6. RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER ATTESTATION: I attest that prior to issuing this Form DS-2019, the Program Sponsor organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer, has verified, in accordance with the requirements of 22 CFR 62.12(b), that each prospective exchange visitor: (i) is eligible and qualified for, and accepted into, the program in which he or she will participate; (ii) possesses adequate financial resources to participate in and complete his or her exchange visitor program, and (iii) possesses adequate financial resources to support an accompanying spouse and dependents, if any. I also attest that upon printing and signing this form, I am physically present in the United States or in a U.S. territory. A notification copy of this form has been provided to the U.S. Department of State.	7. Wendy Jackson Name of Official Preparing Form: 701 West Monroe Street, Salisbury, NC 28144 Address of Responsible Officer or Alternate Responsible Officer: _____ <i>Wendy R. Jackson</i> Signature of Responsible Officer or Alternate Responsible Officer	Responsible Officer Title: _____ 704-216-6158 Telephone Number 11-03-2022 Date (mm-dd-yyyy)
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8. Statement of Responsible Officer for Relinquishing Sponsor (FOR TRANSFER OF PROGRAM)
 I (inactive 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 _____

<p>PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 312(a) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2):</p> <p>The Exchange Visitor in the above program:</p> <p>1. <input type="checkbox"/> Not subject to the two-year residence requirement.</p> <p>2. <input type="checkbox"/> Subject to two-year residence requirement based on:</p> <p>A. <input type="checkbox"/> Government financing and/or</p> <p>B. <input type="checkbox"/> The Exchange Visitor Skills List and/or</p> <p>C. <input type="checkbox"/> PL 94-484 as amended</p> <p>Name _____ Title _____ Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) _____</p>	<p>TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*)</p> <p>*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.</p> <p>(1) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer _____</p> <p>(2) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer _____</p>
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THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 311 (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) _____

Registrar
Inventis University
Bareilly



Livingstone College
Office Of Admissions

701 W. MONROE ST.
SALISBURY, NC 28144

November 21, 2022

Gauri Bansal
230, Hakim Tulsi Ram Gali Sahukara
Bareilly, IN 243003

Student ID: 100229265

Dear Gauri,

Congratulations! You have been accepted as an Exchange Student for the Spring 2023 semester. Along with your student VISA, you must arrive to campus with your updated physical/immunization records and official final high school transcripts.

Please be advised, as a Special Visiting Student you are not entitled to any Financial Aid and you are also ineligible for a degree-seeking program. Should you choose to change your status from International Special Visiting, you would need to provide the Institution with all required documentation to be reviewed for acceptance as a degree-seeking student. Your residence status is **boarding** based on the information on your application.

The next important step in the enrollment process is the *mandatory* New Student Registration and Check-in on Wednesday January 4, 2023 at 8:00 am; which requires an orientation fee of \$150. (US CURRENCY) Once completely checked in, you will be reporting to stay for the Spring Semester at Livingstone College. We strongly encourage that you arrive to the campus no later than 8:00am on the day of registration and you will be directed to your location. To confirm your acceptance and attendance to spring registration, please sign the acknowledgement page of the acceptance letter and mail to the Office of Admissions no later than January 4, 2023.

Enclosed is the Medical form, which should be returned to the attention of Health Services at Livingstone College. The Housing Application is to be completed online and you will receive instructions by email from Mr. R. Bedford (<mailto:RBedford@livingstone.edu>) on how to complete the form, which must also be accompanied with the housing deposit of \$200. Please inform the Office of Admissions of any special needs that you may have in regards to your attendance. Should you have any questions concerning your acceptance, feel free to contact me at 800-835-3435 ext.1.

Sincerely,

Shari R. Hill

Shari R. Hill
Interim Director of Admissions

Registrar
Inveris University
Bareilly

OFFICE OF ADMISSION



701 W MONROE ST • SALISBURY, NC 28144
(704) 216-6001 • (800) 835-3435
www.livingstone.edu
admissions@livingstone.edu

Gauri Bansal

ID #: 100229265

- I accept the offer of admission and scholarship
- I will attend Spring registration
- I decline the offer of admission

Print Name _____

Signature _____

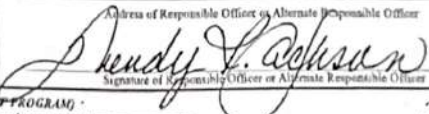
Date _____

Registrar
Inveris University
P. Reilly

Livingstone College

U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

FORM APPROVAL: 005 1405 01/14
 EXPIRES: 10/31/2026
 ESTIMATED BURDEN TIME: 41 m
 *Use Page 2

Name: BARNALI Date of Birth (mm-dd-yyyy): 04-18-2002 City of Birth: Bareilly Country of Birth: INDIA Legal Permanent Residence Country Code: INDIA Legal Permanent Residence Country: INDIA Primary Site of Activity: Livingstone College 701 W MONROE ST SALISBURY, NC 28144-5213		Given Name: Gauri Gender: FEMALE Citizenship Country Code: IN Citizenship Country: INDIA Position Code: 219 Position: UNIVERSITY, OTHER		ID Number: H0033715233 J-1	
1. Program Sponsor: Livingstone College Participating Program Official Description: STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE Program Number: P-1-23741					
Purpose of this form: OTHER need to sign DS-2019 in blue ink.					
3. Form Covers Period: From (mm-dd-yyyy): 01-04-2023 To (mm-dd-yyyy): 05-05-2023		4. Exchange Visitor Category: STUDENT BACHELORS Subject/Field Code: 52.0201 Subject/Field Code Remarks: By participating in this program, the student will obtain the course credit while receive			
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 : \$12,746.00 Total : \$12,746.00					
6. RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER ATTESTATION: I attest that prior to issuing this Form DS-2019, the Program Sponsor organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer, has verified, in accordance with the requirements of 22 CFR 62.120(a), that each prospective exchange visitor: (i) is eligible and qualified for, and accepted into, the program to which he or she will participate; (ii) possesses adequate financial resources to participate in and complete his or her exchange visitor program, and (iii) possesses adequate financial resources to support an accompanying spouse and dependents, if any. I also attest that upon printing and signing this form, I am physically present in the United States or in a U.S. territory. A notification copy of this form has been provided to the U.S. Department of State.			7. Wendy Jackson Name of Official Preparing Form: 701 West Monroe Street Salisbury, NC 28144 Title: Responsible Officer Telephone Number: 704-216-6158 Address of Responsible Officer or Alternate Responsible Officer: Signature of Responsible Officer or Alternate Responsible Officer:  Date (mm-dd-yyyy): 11-14-2022		
8. Statement of Responsible Officer for Relinquishing 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 211(c) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) 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 Consul or Immigration Officer: _____ Date (mm-dd-yyyy): _____ THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 211(c).			TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*) *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		
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): _____					


 Registrar
 Inveris University
 Bareilly



Livingstone College
Office Of Admissions

701 W. MONROE ST.
SALISBURY, NC 28144

November 21, 2022

Student ID: 100229264

Utkarsh Bhatt
House Number 68, Basant Vihar, Chhoti Mukhani
Haldwani, IN 263139

Dear Utkarsh,

Congratulations! You have been accepted as an **Exchange Student for the Spring 2023 semester**. Along with your student VISA, you must arrive to campus with your updated physical/immunization records and official final high school transcripts.

Please be advised, as a **Special Visiting Student** you are not entitled to any **Financial Aid** and you are also **ineligible for a degree-seeking program**. Should you choose to change your status from International Special Visiting, you would need to provide the Institution with all required documentation to be reviewed for acceptance as a degree-seeking student. Your residence status is **boarding** based on the information on your application.

The next important step in the enrollment process is the **mandatory New Student Registration and Check-in on Wednesday January 4, 2023 at 8:00 am**; which requires an orientation fee of \$150. (US CURRENCY) Once completely checked in, you will be reporting to stay for the Spring Semester at Livingstone College. We strongly encourage that you arrive to the campus no later than 8:00am on the day of registration and you will be directed to your location. To confirm your acceptance and attendance to spring registration, please sign the acknowledgement page of the acceptance letter and mail to the Office of Admissions no later than January 4, 2023.

Enclosed is the Medical form, which should be returned to the attention of Health Services at Livingstone College. The Housing Application is to be completed online and you will receive instructions by email from Mr. R. Bedford (<mailto:RBedford@livingstone.edu>) on how to complete the form, which must also be accompanied with the housing deposit of \$200. Please inform the Office of Admissions of any special needs that you may have in regards to your attendance. Should you have any questions concerning your acceptance, feel free to contact me at 800-835-3435 ext.1.

Sincerely,

Shari R. Hill
Interim Director of Admissions

Registered
Inventis University
Bareilly



701 W. MONROE ST. • SALISBURY, NC 28744
(704) 216-6001 • (800) 835-3435
www.livingstone.edu
admissions@livingstone.edu

November 21, 2022

Utkarsh Bhatt
House Number 68, Basant Vihar, Chhoti Mukhani
Haldwani, IN 263139

Dear Utkarsh:

Congratulations! In the spirit of excellence upon which Livingstone College has built its tradition and in recognition of your outstanding academic achievement, it gives us great pleasure to offer you a Presidential Scholarship for Spring 2023 academic semester. This Presidential Scholarship is renewable and is valued at the cost of tuition, room, board, and book; it is based on the following:

- *Maintain minimum 3.5 gpa*
- *No conviction of any disciplinary infractions on or off campus*
- *Must enroll each semester and earn a minimum of 15 credit hours*

Please indicate your acceptance or refusal of this Presidential Scholarship offer by completing the enclosed form and returning it to the Office of Admissions by **January 4, 2023**. Please call the Office of Admissions at 1-800-835-3435 if you have any questions or concerns, you may also email shill@livingstone.edu.

Yours in Pursuit of Excellence,

Shari R. Hill

Shari R. Hill
Interim Director of Admissions

SRJ1/TRB

registrar
Invertis University
Bareilly

Livingstone College

OFFICE OF ADMISSION



701 W MOHRDE ST • SALISBURY, NC 28144
(704) 216-6001 • (800) 835-3435
www.livingstone.edu
admissions@livingstone.edu

Uttkarsh Bhatt

ID #: 100229264

- I accept the offer of admission and scholarship
- I will attend Spring registration
- I decline the offer of admission

Print Name _____

Signature _____

Date _____

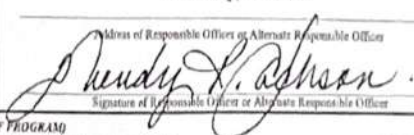
Registrar
Inveris University
Gareilly

Livingstone College

U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

DMR APPROVAL NO: 1405-0119
 EXPIRES: 10/31/2020
 ESTIMATED BURDEN TIME: 45 m
 *See Page 2

1. Surname/Primary Name: Bhatt		Given Name: Utkarsh		Gender: MALE	
Date of Birth (mm-dd-yyyy): 10-26-2001		City of Birth: Haldwani		Country of Birth: INDIA	
Legal Permanent Residence Country Code: IN		Legal Permanent Residence Country: INDIA		Citizenship Country Code: IN	
Primary Site of Activity: Livingstone College 701 W MONROE ST SALISBURY, NC 28144-5213		Position Code: 219		Position: UNIVERSITY, OTHER	
2. Program Sponsor: Livingstone College					
Participating Program Official Description: STUDENT ASSOCIATE; STUDENT NON-DEGREE				Program Number: P-1-23741	
Purpose of this form: OTHER Need to sign in blue ink.					
3. Form Covers Period:			4. Exchange Visitor Category:		
From (mm-dd-yyyy): 01-04-2023			STUDENT BACHELORS		
To (mm-dd-yyyy): 05-05-2023			Subject/Field Code: 52.0201		
			Subject/Field Code Remarks: By participating in this exchange student program, the student will obtain the course cre		
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 : 812,746.00 Total : 812,746.00					

6. RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER ATTESTATION: I attest that prior to issuing this Form DS-2019, the Program Sponsor organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer, has verified, in accordance with the requirements of 22 CFR 62.12(b), that each prospective exchange visitor: (i) is eligible and qualified for, and accepted into, the program in which he or she will participate; (ii) possesses adequate financial resources to participate in and complete his or her exchange visitor program, and; (iii) possesses adequate financial resources to support an accompanying spouse and dependents, if any. I also attest that upon printing and signing this form, I am physically present in the United States or in a U.S. territory. A notification copy of this form has been provided to the U.S. Department of State.	7. Wendy Jackson Responsible Officer Name of Official Preparing Form: 701 West Monroe Street Salisbury, NC 28144 Title: Responsible Officer Telephone Number: 704-216-6158 Signature of Responsible Officer or Alternate Responsible Officer:  Date (mm-dd-yyyy): 11-14-2022
	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 _____ in 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: _____
	Signature of Responsible Officer or Alternate Responsible Officer: _____ Date (mm-dd-yyyy) of Signature: _____

PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(c) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 2(a) 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 (ALL USAID PARTICIPANTS G-2-00261 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-01510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT) Name: _____ Title: _____ Signature of Consular or Immigration Officer: _____ Date (mm-dd-yyyy): _____	TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*) *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(c)	
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): _____	


 Registered
 Invertilis University
 Pareilly



Livingstone College
Office Of Admissions

701 W. MONROE ST.
SALISBURY, NC 28144

November 21, 2022

Student ID: 100229266

Ujjwal Upadhyaya
Jogender Nagar Colony, opp. 84 ghanta mandir subhash nagar
Bareilly, IN 243001

Dear Ujjwal,

Congratulations! You have been accepted as an **Exchange Student for the Spring 2023 semester**. Along with your student VISA, you must arrive to campus with your updated physical/immunization records and official final high school transcripts.

Please be advised, as a **Special Visiting Student** you are not entitled to any **Financial Aid** and you are also ineligible for a degree-seeking program. Should you choose to change your status from International Special Visiting, you would need to provide the Institution with all required documentation to be reviewed for acceptance as a degree-seeking student. Your residence status is **boarding** based on the information on your application.

The next important step in the enrollment process is the **mandatory New Student Registration and Check-in on Wednesday January 4, 2023 at 8:00 am**; which requires an orientation fee of \$150. (US CURRENCY) Once completely checked in, you will be reporting to stay for the Spring Semester at Livingstone College. We strongly encourage that you arrive to the campus no later than 8:00am on the day of registration and you will be directed to your location. To confirm your acceptance and attendance for spring registration, please sign the acknowledgement page of the acceptance letter and mail to the Office of Admissions no later than January 4, 2023.

Enclosed is the Medical form, which should be returned to the attention of Health Services at Livingstone College. The Housing Application is to be completed online and you will receive instructions by email from Mr. R. Bedford (<mailto:RBedford@livingstone.edu>) on how to complete the form, which must also be accompanied with the housing deposit of \$200. Please inform the Office of Admissions of any special needs that you may have in regards to your attendance. Should you have any questions concerning your acceptance, feel free to contact me at 800-835-3435 ext. 1.

Sincerely,

Shari R. Hill
Interim Director of Admissions

Registrar
Inveris University
Bareilly

OFFICE OF ADMISSION

701 W MONROE ST • SALISBURY, NC 28144
(704) 216-6001 • (800) 835-3435
www.livingstone.edu
admissions@livingstone.edu

November 21, 2022

Ujjwal Upadhyaya
Jogender Nagar Colony, opp. 84 ghanta mandir subhash nagar
Bareilly, IN 243001

Dear Ujjwal:

Congratulations! In the spirit of excellence upon which Livingstone College has built its tradition and in recognition of your outstanding academic achievement, it gives us great pleasure to offer you a Presidential Scholarship for Spring 2023 academic semester. This Presidential Scholarship is renewable and is valued at the cost of tuition, room, board, and book; it is based on the following:

- Maintain minimum 3.5 gpa
- No conviction of any disciplinary infractions on or off campus
- Must enroll each semester and earn a minimum of 15 credit hours

Please indicate your acceptance or refusal of this Presidential Scholarship offer by completing the enclosed form and returning it to the Office of Admissions by January 4, 2023. Please call the Office of Admissions at 1-800-835-3435 if you have any questions or concerns, you may also email shill@livingstone.edu.

Yours in Pursuit of Excellence,

Shari R. Hill

Shari R. Hill
Interim Director of Admissions

SRH/TRH

Registrar
Inverness University
Bareilly

Livingstone College

OFFICE OF ADMISSION

101 W MONROE ST • SALISBURY, NC 28144
(704) 216-6001 • (800) 835-3435
www.livingstone.edu
admissions@livingstone.edu



Ujjwal Upadhyaya

ID #: 100229266

- I accept the offer of admission and scholarship
- I will attend Spring registration
- I decline the offer of admission

Print Name _____

Signature _____

Date _____

Registrar
Inverness University
N. Areilly

Livingstone College

U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO. 1405-0119
 EXPIRES 10/31/2020
 ESTIMATED BURDEN TIME: 45 m
 * See Page 2

Surname/Primary Name: Opadhyaya		Given Name: Ujjwal		Gender: MALE	
Date of Birth (mm-dd-yyyy): 01-01-2001	City of Birth: Bareilly	Country of Birth: INDIA	Citizenship Country Code: IN	Citizenship Country: INDIA	
Legal Permanent Residence Country Code: IN		Legal Permanent Residence Country: INDIA		Position Code: 219	Position: UNIVERSITY, OTHER
Primary Site of Activity: Livingstone College 701 W MONROE ST SALISBURY, NC 28144-5213					
1. Program Sponsor: Livingstone College					
Participating Program Official Description: STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE				Program Number: P-1-23741	
Purpose of this form: Begin New Program - Biographical Data Modified					
3. Form Covers Period: From (mm-dd-yyyy): 01-04-2023 To (mm-dd-yyyy): 05-05-2023			4. Exchange Visitor Category: STUDENT BACHELORS		
			Subject/Field Code: 11.0101 Subject/Field Code Remarks: By participating in this program, the student will obtain the course credit while receive		
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by: Current Program Sponsor Funds : \$12,746.00 Total : \$12,746.00					

<p>6. RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER ATTESTATION: I attest that prior to issuing this Form DS-2019, the Program Sponsor organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer, has verified, in accordance with the requirements of 22 CFR 62.12(b), that each prospective exchange visitor: (i) is eligible and qualified for, and accepted into, the program in which he or she will participate; (ii) possesses adequate financial resources to participate in and complete his or her exchange visitor program, and (iii) possesses adequate financial resources to support an accompanying spouse and dependents, if any. I also attest that upon printing and signing this form, I am physically present in the United States or in a U.S. territory. A notification copy of this form has been provided to the U.S. Department of State.</p>	<p>7. Wendy Jackson Responsible Officer</p> <p>Name of Official Preparing Form 701 West Monroe Street Salisbury, NC 28144</p> <p>Address of Responsible Officer or Alternate Responsible Officer</p> <p><i>Wendy L Jackson</i> Signature of Responsible Officer or Alternate Responsible Officer</p> <p>Title 704-216-6158</p> <p>Telephone Number 11-03-2022</p> <p>Date (mm-dd-yyyy)</p>
<p>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.</p> <p>Signature of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy) of Signature _____</p>	

<p>PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(c) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).</p> <p>The Exchange Visitor in the above program:</p> <p>1. <input type="checkbox"/> Not subject to the two-year residence requirement.</p> <p>2. <input type="checkbox"/> Subject to two-year residence requirement based on:</p> <p style="margin-left: 20px;">A. <input type="checkbox"/> Government financing and/or</p> <p style="margin-left: 20px;">B. <input type="checkbox"/> The Exchange Visitor Skills List and/or</p> <p style="margin-left: 20px;">C. <input type="checkbox"/> PL 94-484 as amended</p> <p style="text-align: center;">(ALL USAID PARTICIPANTS G-3-0024) AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)</p> <p>Name _____ Title _____</p> <p>Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) _____</p> <p align="center">THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING: 212(c).</p>	<p>TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*)</p> <p>*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.</p> <p>(1) Exchange Visitor is in good standing at the present time</p> <p>Date (mm-dd-yyyy) _____</p> <p>Signature of Responsible Officer or Alternate Responsible Officer _____</p> <p>(2) Exchange Visitor is in good standing at the present time</p> <p>Date (mm-dd-yyyy) _____</p> <p>Signature of Responsible Officer or Alternate Responsible Officer _____</p>
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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) _____