



# International Student Information

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

## Part I: Personal Information

Contact Telephone: \_\_\_\_\_ Home: \_\_\_\_\_

Last Name: _____	First Name: _____	Gender: _____			
Birth Date: _____ (MM/DD/YY)	City of Birth: _____	Country of Birth: _____	Citizenship: _____		
US Address: _____	(Street)	(City)	(State)	(Zip)	(Country)
Foreign Address: _____	(Street)	(City)	(State)	(Zip)	(Country)
SS#: _____	Passport: _____	Driver License: _____			

## Part II: Program Information

School Name: _____	Visa Type: _____	Program Major: _____
Program Starting Date: _____	Program Ending Date: _____	Duration of Study: _____
Current Session End Date: _____	Next Session Start Date: _____	
School Required English Proficiency: _____	Student English Proficiency: _____	
Remarks: _____		

## Part III: Financial Information/Other Information

Study Duration: _____	Tuition Fee: _____	Passport No.: _____
I-94 No.: _____	Living Expense: _____	Visa Type: _____
I-20 No.: _____	Dependent Expense: _____	Visa Issue Date: _____
I-901 Fee Payment: _____	Total Expense: _____	Prot of Entry: _____
I-539 Money Order: _____	Transaction Type: _____	Date of Entry: _____