

International Student Information

(August 2012)

Please provide all information requested. Print very clearly to help us avoid errors. Thanks!

_____	_____	_____	_____
Date	CWID #	Social Security #	SEVIS #
_____	_____	_____	_____
Family Name (Surname)	First (Given) Name	Middle/Other names	Gender
_____	_____	_____	_____
_____	_____	_____	_____
Local Residence Address (<i>not</i> your P.O. box!)	C/S P.O. Box	Residence Phone	Office Phone
_____	_____	_____	_____
E-mail Address	Second E-mail Address	_____	_____
_____	_____	_____	_____

IF YOU HAVE AN EMERGENCY, WHOM CAN WE CONTACT IN THE U.S.?

_____	_____	_____
Name	Relationship to you	His/Her e-mail address
_____	_____	_____
His/Her phone number(s)	His/Her complete address in the U.S.	_____

YOUR RESIDENCE ADDRESS AND CONTACT INFORMATION IN YOUR HOME COUNTRY:

Address: _____

 Phone: _____
 Fax: _____
 Emergency contact: _____

 Phone # _____ E-mail address _____

PERSONAL/FAMILY DATA:

Marital Status: Single Married Divorced
If married, provide information about spouse:
 Name: _____
 Citizen of: _____ DOB (mo/day/year): _____

Information about children, if any:

Name	DOB (mo/day/year)	Citizenship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REMARKS (for office use only): _____

LEGAL DATA:

Date of Birth (month/day/year): ____/____/____
Place of Birth: _____

 State/Province _____ Country _____
Country of Citizenship: _____
Country of legal residence: _____
Passport# & information: _____

 Country _____ Issued (mo/day/year) _____ Will Expire (mo/day/year) _____
Entry visa: _____
 Visa type _____ Visa number _____

Which U.S. Consulate? _____ Issued (mo/day/year) _____ Expires (mo/day/year) _____

Current Non-immigrant Status: _____
I-20/DS-2019 Start Date (mo/day/year): ____/____/____
I-20/DS-2019 End Date (mo/day/year): ____/____/____

I-94#: _____
Port of Entry _____
If you are a transfer student, name previous school:

Degree Program at MINES: B.S. M.S. Ph.D.
 Major: _____
 Academic Advisor: _____
 Research Advisor: _____
 Sources of funding: _____