International Student Information Form

Please type or print clearly and be sure that this information is the same as it is on your passport.
If you are currently studying in the U.S., you must also complete the F-1 Transfer Verification Form.

**APPLICANT’S NAME**

<table>
<thead>
<tr>
<th>LAST/FAMILY</th>
<th>FIRST/GIVEN</th>
<th>MIDDLE</th>
</tr>
</thead>
</table>

**PERSONAL INFORMATION**

<table>
<thead>
<tr>
<th>DATE OF BIRTH</th>
<th>COUNTRY OF CITIZENSHIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GENDER:</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MARITAL STATUS:</th>
<th>SINGLE</th>
<th>MARRIED</th>
</tr>
</thead>
</table>

**EMAIL ADDRESS**

**HOME COUNTRY CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE/PROVIDENCE</th>
<th>POSTAL CODE</th>
<th>COUNTRY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PHONE NUMBER</th>
<th>FAX NUMBER</th>
</tr>
</thead>
</table>

**LOCAL CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE/PROVIDENCE</th>
<th>POSTAL CODE</th>
<th>COUNTRY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PHONE NUMBER</th>
<th>FAX NUMBER</th>
</tr>
</thead>
</table>

**EDUCATIONAL INFORMATION**

DID YOU STUDY AT ANOTHER U.S. EDUCATIONAL INSTITUTION BEFORE ENROLLING AT WESTFIELD STATE UNIVERSITY?:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

IF YES:

NAME OF SCHOOL LOCATION OF SCHOOL | DATES ATTENDED SEVIS NUMBER (I-20)

<table>
<thead>
<tr>
<th>ARE YOU CURRENTLY IN THE UNITED STATES?:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

COUNTRY OF PERMANENT RESIDENCE:

It is important that your name appear on the I-20/DS-2019 exactly as it is on your passport. Print your name below as it appears in your passport and submit a copy of the picture page of your passport.

SEND APPLICATION MATERIALS TO:

Admission Office
Westfield State University
P.O. Box 1630
Westfield, MA 01086-1630
Phone: (413) 572-5218, ext. 4
Fax: (413) 579-3019
PASSPORT, I-94, & VISA INFORMATION (MOST RECENT VISA IN YOUR PASSPORT)

PASSPORT ISSUED BY _______________________________ PASSPORT # _______________________________ DATE ISSUED _______________________________ ORIGINAL EXPIRATION DATE _______________________________

I-94 #:___________________________________ VALIDITY (CHOOSE ONE):  α DS MONTH/DAY/YEAR: _______________________________

DATE OF INITIAL ENTRY INTO THE U.S. _______________________________ INITIAL STATUS _______________________________

DATE OF MOST RECENT ENTRY INTO THE U.S. _______________________________ PLACE OF MOST RECENT ENTRY _______________________________

VISA TYPE _______________________________ VISA #:_________________________ DATE ISSUED _______________________________ EXPIRATION DATE _______________________________

VALID FOR:  α ONE ENTRY  α MULTIPLE ENTRIES CURRENT IMMIGRATION STATUS: _______________________________

SIGNATURE OF STUDENT _______________________________ DATE _______________________________

EMERGENCY CONTACT IN YOUR HOME COUNTRY

Occasionally, emergencies arise requiring us to contact family members of students. If you agree to us doing this, please complete the following information to give us permission to contact those whose names are listed.

NAME _______________________________ RELATIONSHIP TO YOU _______________________________

TELEPHONE NUMBER _______________________________ FAX NUMBER _______________________________ EMAIL ADDRESS _______________________________

COMPLETE ADDRESS _______________________________

EMERGENCY CONTACT IN THE U.S. (IF AVAILABLE)

NAME _______________________________ RELATIONSHIP TO YOU _______________________________

TELEPHONE NUMBER _______________________________ FAX NUMBER _______________________________ EMAIL ADDRESS: _______________________________

COMPLETE ADDRESS _______________________________

Please return form to the address on the first page and, if available, enclose copies of the current I-20, DS2019, I-94, and passport (pages with biographical and visa information).

By my signature below, I authorize the International Student Advisor to contact any of the individuals named about situations determined to be of an emergency nature.

SIGNATURE OF STUDENT _______________________________ DATE _______________________________

SEND APPLICATION MATERIALS TO:
Admission Office
Westfield State University
P.O. Box 1630
Westfield, MA 01086-1630
Phone: (413) 572-5218, ext. 4
Fax: (413) 579-3019

Westfield STATE UNIVERSITY