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.

**Personal Information**

Applicant’s Name:

<table>
<thead>
<tr>
<th>Family Name (Last)</th>
<th>Given Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

Gender: Male: [ ] Female: [ ] Date of Birth: ________ ________ ________

Month Day Year

Marital Status: Single: [ ] Married: [ ] How many F-2 dependents do you have with you?: ______

Country of Birth: __________________________ Country of Citizenship: __________________________

**Address Information**

**Home Country**

Address: __________________________

City: __________________________

State/Providence: __________________________

Postal Code: __________________________

Phone Number: __________________________

Fax Number: __________________________

**Local**

Address: __________________________

City: __________________________

State/Providence: __________________________

Postal Code: __________________________

Phone Number: __________________________

Fax Number: __________________________

**Educational Information**

Did you study at another U.S. educational institution before enrolling at Westfield State University?:

No: [ ] Yes: [ ] If yes: __________________________

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location of School</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dates Attended</th>
<th>SEVIS Number (I-20)</th>
</tr>
</thead>
</table>
International Student Information Form

Passport Information

Issued By: ___________________________ Passport #: ___________________________
Date Issued: _________________________ Original Expiration Date: ________________

I-94 Information

I-94 #: ___________________________ Validity (choose one): D: ☐ S: ☐ Month/Day/Year: __________
Date of Initial Entry into the U.S.: ______________ Initial Status: _________________________

Visa Information (Most recent visa in your passport)

Date of Most Recent Entry into the U.S.: __________ Place of Most Recent Entry: __________
Visa Type: __________________________ Visa #: __________________________ Date Issued: __________
Expiration Date: __________________________ Valid for: One Entry: ☐ Multiple Entries: ☐
Current Immigration Status: __________________________

Signature of Student __________________________ Date __________________________

2
International Student Information Form

From time to time, emergency situations arise which require that we contact family members of students. If you are agreeable to us doing this, please complete the following emergency information and sign where indicated to give us permission to contact those whose names are listed.

Emergency Contact in Your Home Country

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: __________________________

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.

__________________________________________ Date
Signature of Student

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