

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

LAST/FAMILY FIRST/GIVEN MIDDLE

PERSONAL INFORMATION

/ / DATE OF BIRTH COUNTRY OF CITIZENSHIP

GENDER: MALE FEMALE MARITAL STATUS: SINGLE MARRIED

EMAIL ADDRESS

HOME COUNTRY CONTACT INFORMATION

ADDRESS CITY STATE/PROVIDENCE POSTAL CODE COUNTRY

PHONE NUMBER FAX NUMBER

LOCAL CONTACT INFORMATION

ADDRESS CITY STATE/PROVIDENCE POSTAL CODE COUNTRY

PHONE NUMBER FAX NUMBER

EDUCATIONAL INFORMATION

DID YOU STUDY AT ANOTHER U.S. EDUCATIONAL INSTITUTION BEFORE ENROLLING AT WESTFIELD STATE UNIVERSITY?: YES NO

IF YES:

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

ARE YOU CURRENTLY IN THE UNITED STATES?: YES NO

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) 579-3040
Fax: (413) 579-3019

Westfield
STATE UNIVERSITY

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): 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: ONE ENTRY 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 _____

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