

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: _____
Family Name (Last) *Given Name* *Middle Name*

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	Local
Address: _____	Address: _____
City: _____	City: _____
State/Providence: _____	State/Providence: _____
Postal Code: _____	Postal Code: _____
Country: _____	Country: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____

Educational Information

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

No: Yes: If yes: _____
Name of School *Location of School*

Dates Attended *SEVIS Number (I-20)*

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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: _____

Westfield State University
International Programs
Attn: Vera Vlasenko
577 Western Ave
Westfield, MA 01086
P: (413) 572-8834
F: (413) 572-8967



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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.

Signature of Student

Date

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).