



CALIFORNIA
NORTHSTATE
UNIVERSITY

International Student Information Form

☐ **Fall** (August - December) Year: _____

☐ **Spring** (January - May) Year: _____

PERSONAL DATA (Legal Name in Full)

Last Name or Family Name (*as shown on your passport*): _____

First Name or Given Name: _____

Middle Name (*if any*): _____

Date of birth (*month/day/year*): _____

Age: _____ Native Language: _____

Country of Birth: _____

Country of Citizenship: _____

Gender: Male ☐ Female ☐

PERMANENT FOREIGN MAILING ADDRESS (*required*)

Street _____

City _____ State or Province _____

Country _____ Postal Code _____

Home Phone: _____

UNITED STATES MAILING ADDRESS (*if applicable*)

State _____ Apt. # (*if applicable*) _____

City _____ State _____ Postal Code _____

Home Phone: _____

Cell Phone: _____

Fax # (*if available*): _____

Email: _____

For office use only

Student ID

SEVIS ID

ADDRESS FOR YOUR I-20 TO BE MAILED TO

- ☐ Will pick-up: **Phone** _____
- ☐ Your home country address
- ☐ Your U.S. address
- ☐ Friend/family member (*please provide name, phone, and/or email*): _____

EDUCATIONAL BACKGROUND

Name of high school: _____

Location: _____

City

Country

Date of graduation: ____/____/____ (*month/day/year*)

College or university attended in **the U.S.** (*if applicable*):

Institution Name: _____

Location: _____

City

State

Degree earned: _____

Dates Attended: _____

EMERGENCY CONTACT

Name: _____

Phone: _____

Email: _____

I certify that the information that I have provided on this International Student Information Form is true and complete.

Signature of Applicant _____ Date _____

Release of Information (*optional*)

I hereby give permission to California Northstate University, College of Health Sciences to release information about my student status only to person(s) whose name(s) I have provided:

Name _____ Relationship _____

Please provide the following information if your spouse and/or child(ren) will accompany you (*if applicable*):

Name	Birthdate	Country of Citizenship	Relationship