



International Student Information Form

For office use only

Student ID [] [] [] [] [] [] [] [] []

SEVIS ID [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

[] 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: _____

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 Pharmacy 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):

Table with 4 columns: Name, Birthdate, Country of Citizenship, Relationship