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, Master of Healthcare Administration 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