



International Student Information Form

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:
Date of graduation:
College or university attended in the U.S. (if applicable):
Institution Name:
Location:
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

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:

