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 Pharmaceutical 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