



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 Psychology 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