



International Student Information Form

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|----------------------------|---|
| For Office Use Only | |
| Student ID | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> |
| SEVIS ID | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Fall (August-December) Year: _____

Spring (January-May) Year: _____

You are applying for admission to an Academic Program in: _____

 (Program of interest)

PERSONAL DATA

Last name or Family Name (as shown on your passport): _____

First Name or Surname: _____

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 Providence _____

Country _____ Postal Code _____

Home Phone: _____

United States Mailing Address (if applicable):

Street _____

City _____ State or Providence _____

Country _____ Postal Code _____

Home Phone: _____

Cell Phone: _____

Fax Number (if available): _____

E-mail Address: _____

Address for your I-20 to be mailed to:

Pick-up: Phone _____

Your home country address

Your US address

Other (Please specify) _____

EDUCATIONAL BACKGROUND

Name of high school: _____

Location: _____
 _____ City _____ Country _____

Date of graduation: ____/____/____ (Please enclose an **official high school transcript** with English translation)

College or university attended **in the U.S.** (if applicable). Please enclose an **official transcript**. Attach a separate page for more institution(s).

Institution Name: _____

Location: _____
 _____ City _____ Country _____

Degree Earned: _____

Dates Attended: _____

Release of information (optional)

I hereby give permission to Mesa Community College to release information about my student status only to the person(s) whose name(s) I have provided:

| | |
|-------|--------------|
| _____ | _____ |
| Name | Relationship |

Emergency Contact:

Name: _____

Phone: _____

Email Address: _____

I certify that the information that I have provided on this International Student Information Form is true, correct, and complete.

 Signature of Applicant Date

Please provide the following information if your spouse and/or child(ren) will accompany you:

| | | | |
|------|------------|------------------------|--------------|
| Name | Birth Date | Country of Citizenship | Relationship |
|------|------------|------------------------|--------------|

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Revised on 05/12/2009 ssm/ek