



**International Programs**  
 Attention: **Vera Vlasenko**  
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# International Student Information Form

Please type or print clearly and be sure that this information is the same as is in your passport.  
 If you are currently studying in the U.S., you must also complete the **transfer verification form**.

Last Name (Family Name, Surname) \_\_\_\_\_  
 First Name (Given Name) \_\_\_\_\_  
 Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
 Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Do you have F-2 dependents with you? If yes, how many? \_\_\_\_\_  
 Date of Birth (Month/Day/Year): \_\_\_\_\_  
 Country of Birth: \_\_\_\_\_  
 Country of Citizenship: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**Address in your home country**

**Local Address (if available)**

Address: _____	Address: _____
City: _____	City: _____
State/Province: _____	State/Province: _____
Postal Code _____	Postal Code _____
Country: _____	Country: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____

Did you study at another U.S. educational institution before enrolling at Westfield State College?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:

Name of School	Location	Dates Attended
SEVIS number: (I-20) _____		

## Passport Information

Issued by: \_\_\_\_\_ Passport# \_\_\_\_\_ Date issued: \_\_\_\_\_  
 Original expiration date: \_\_\_\_\_

## I-94 Information

I-94# \_\_\_\_\_ Validity: (choose one) D/S \_\_\_\_\_ month/day/year \_\_\_\_\_  
 Date of initial entry into the U.S. \_\_\_\_\_ initial status: \_\_\_\_\_

## VISA Information (most recent visa in your passport)

Date of most recent entry into the U.S. \_\_\_\_\_ place of most recent entry: \_\_\_\_\_  
 Visa type \_\_\_\_\_ Visa # \_\_\_\_\_ Date issued: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_ Valid for: one entry \_\_\_\_\_ multiple entries \_\_\_\_\_  
 Current immigration status: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

From time to time, emergency situations arise which require that we contact family members of students if you are agreeable to us doing this, please complete the following EMERGENCY information and sign where indicated to give us permission to contact those whose names are listed:

### EMERGENCY CONTACT IN YOUR HOME COUNTRY

NAME: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

COMPLETE ADDRESS:

### EMERGENCY CONTACT IN THE UNITED STATES (if available)

NAME: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

COMPLETE ADDRESS:

By my signature below, I authorize International Student Advisor to contact any of the individuals named about situations determined to be of an emergency nature:

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Please return form to the address listed above and if available, please enclose copies of the current I-20, I-94, passport (pages with biographical information and visa information).