

# INTERNATIONAL STUDENT INFORMATION FORM

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(last / family) (first / given) (middle) month day year

Person #: \_\_\_\_\_ Visa type: F-1 \_\_\_\_ J-1 \_\_\_\_ Other \_\_\_\_

UB E-mail: \_\_\_\_\_ Non-UB E-mail: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

## **Local Address**

Street: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## **Home Country Address**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Home Country Phone # (include country code):** \_\_\_\_\_

## **Spouse and Children Residing in U.S.** (if applicable)

Family Name   First Name   Visa   Date of Birth   Country of Birth   Citizenship   Relationship

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