

PART I. Student Information

Family name: _____ First name: _____ Middle name: _____
Birth date: _____(mm/dd/yyyy) Gender: Male Female Marital status: Married Single
Birth city: _____ Birth state: _____ Birth country: _____
Country of citizenship: _____ Country of permanent residence: _____
Address in the U.S.: _____
Address in home country: _____
Phone: _____ Email: _____@clemsun.edu

PART II. Emergency Contacts

Home country: _____(Name) Phone: _____ Relationship _____
In the U.S.: _____(Name) Phone: _____ Relationship _____

PART III. Immigration Information

Status on your Form I-94: F-1 J-1 Other _____ Expiration date on Form I-94 _____(If not D/S, Alert OIA)
SEVIS ID No. N00 _____ Expiration date of I-20/DS-2019 _____ Expiration date of passport _____
Place of entry into the U.S. _____ Date of entry into the U.S. _____
Have you been in the U.S. prior to attending Clemson? Yes No If yes, in what status _____
If you are transferring your SEVIS record from another U.S. institution, please provide the name of school where you transferred from: _____
Has your SEVIS record been transferred to Clemson University? Yes No if no, make an appointment with an International Advisor now

PART IV. Academic Program Information

You Program Start Date _____ Field of Study: _____
Level of study: Bachelor's Master's Doctoral other _____ Program Completion Date: _____

PART V. Dependent Information

If you have dependents with you in the U.S., please list below:

RELATIONSHIP	FAMILY NAME	FIRST NAME(S)	OTHER NAME(S)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART VI. Signature

Signature: _____ Date: _____

