**VISA STUDENT RECORD for F-1 Visa Holders**

**Name (as it appears on your passport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Family Name First Middle

**G00#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:** \_\_\_/\_\_\_/\_\_\_  
 mm/dd/yyyy

**Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did you leave the United States since last term? □ Yes □ No**

**Local Address:**

**Residence Hall: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OR**

**Complete Off-Campus Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

House or Apt. # Street Town Postal Code

**Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: Does your contact person speak English? □ Yes □ No**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street Town/City State/Country Postal Code

**Date of Completion/Graduation on I-20: \_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 (Month/Year)**

**Do you expect your graduation date to change? □ Yes □ No**

**If yes, what do you believe your graduation date will be?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please let staff know you need to complete a “Change to I-20” form  
 (Month/Year)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature Date Signed**