

International Student/Scholar Information Sheet

Seattle University

PERSONAL INFORMATION

SU STUDENT ID:	SEVIS ID:	LAST NAME	FIRST NAME	MIDDLE NAME
PERMANENT ADDRESS (Home Country):		LOCAL ADDRESS:		
PHONE (Home):		PHONE ()	PHONE (Cell): ()	
DATE OF BIRTH: / /	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	FIRST QUARTER AT SU: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: 20__		SOCIAL SECURITY NUMBER:
MAJOR or PROGRAM (for scholar):		EXPECTED DATE OF COMPLETION: / /	EMAIL (which you check often):	

IMMIGRATION INFORMATION

PASSPORT NUMBER:	VISA NUMBER:	VISA ISSUE DATE: / /	VISA EXPIRATION: / /	VISA ISSUED IN (Country):
PASSPORT EXPIRATION: / /	ADMISSION NUMBER (I-94):		PORT OF ENTRY:	COUNTRY ENTRY DATE: / /
PASSPORT ISSUING COUNTRY:	BIRTH CITY:		COUNTRY OF BIRTH:	
I-20 OR DS-2019 EXPIRATION:	COUNTRY OF CITIZENSHIP:		COUNTRY OF PERMANENT RESIDENCY (if different)	

EMERGENCY INFORMATION

- Person in the **United States** to be contacted in case of emergency:

FULL NAME:	RELATIONSHIP TO YOU:	PHONE NUMBER: ()
ADDRESS:		FAX/OTHER NUMBERS: ()

- Person in your **home country** to be contacted in case of emergency:

FULL NAME:	RELATIONSHIP TO YOU:	PHONE NUMBER: ()
ADDRESS:		FAX/OTHER NUMBERS: ()

DEPENDENT INFORMATION

ARE YOU MARRIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, IS YOUR SPOUSE IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No
DO YOU HAVE ANY CHILDREN? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, IS/ARE YOUR CHILD/CHILDREN IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, WHAT IS/ARE YOUR CHILD/CHILDREN'S VISA STATUS? _____	

TO BE COMPLETED BY ISC STAFF

Quarter of Completion: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: 20__	File closed by:	Date: / /
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