

# International Student Information Sheet

International Student Center – Seattle University

Updated on: \_\_\_/\_\_\_/\_\_\_

## PERSONAL INFORMATION

SU STUDENT ID:	SEVIS ID:	LAST NAME	FIRST NAME	MIDDLE NAME
PERMANENT ADDRESS (Home Country):		LOCAL ADDRESS:		
PHONE (Home):		PHONE ( ) ___-___		CELL: ( ) ___-
DATE OF BIRTH: MM / DD / YYYY	GENDER: <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	FIRST TERM AT SU: Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: 20__		
MAJOR:	EXPECTED DATE OF COMPLETION: MM / DD / YYYY	EMAIL (non SU email)	SUemail:  @su.edu	

## IMMIGRATION INFORMATION

PASSPORT NUMBER:	VISA NUMBER:	VISA ISSUE DATE: MM / DD / YYYY	VISA EXPIRATION: MM / DD / YYYY	VISA ISSUED IN (Country):
PASSPORT EXPIRATION: MM / DD / YYYY	ADMISSION NUMBER (I-94):	PORT OF ENTRY:	ENTRY DATE: MM / DD / YYYY	
PASSPORT ISSUING COUNTRY:	BIRTH CITY:	COUNTRY OF BIRTH:		
SEATTLE UNIVERSITY I-20 EXPIRATION DATE:	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:		EMAIL:

### HOME COUNTRY CONTACT INFORMATION #1:

FULL NAME:	RELATIONSHIP TO YOU:	PHONE NUMBER: ( ) -
ADDRESS:		EMAIL:

### HOME COUNTRY CONTACT INFORMATION #2:

FULL NAME:	RELATIONSHIP TO YOU:	PHONE NUMBER: ( ) -
ADDRESS:		EMAIL:

## 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 If YES, what is her/his visa status? _____
DO YOU HAVE CHILDREN? <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 If YES, what is her/his visa status? _____