

INTERNATIONAL STUDENT DATA FORM

(This form must be completed once each semester)

PART 1: Please answer all questions.

Name: _____ Date of Birth: _____
(LAST/FAMILY) (first / given) (middle) (mm/dd/yyyy)

Person #: _____ - _____ Visa type: F-1 ___ J-1 ___ Other _____

UB E-mail: _____ Non-UB E-mail: _____

Country of Citizenship: _____ Country of Birth: _____

Major: _____ Male ___ Female ___

Bachelor's ___ Master's ___ Doctorate ___ Other ___

When will you graduate? Month _____ Year _____

Local Address

Street: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Office Telephone #: _____

Home Country Address

Address Line 1: _____

Address Line 2: _____

City: _____ State / Province: _____

Country: _____ Postal Code: _____

Home Country Phone # (include country code): _____

PART 2: Please complete if applicable.

Spouse and Children Residing in U.S.

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