

# 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) month day year

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.

<u>Family Name</u>	<u>First Name</u>	<u>Visa</u>	<u>Date of Birth</u>	<u>Country of Birth</u>	<u>Citizenship</u>	<u>Relationship</u>
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