

SEVIS International Student Information Sheet
(REQUIRED FOR SEVIS REGISTRATION)
PLEASE PRINT NEATLY

TODAY'S DATE: ____/____/____

NAME (as it appears on passport): _____
NICKNAME _____

YOU MUST NOTIFY US IMMEDIATELY WHEN YOUR ADDRESS OR PHONE NUMBER CHANGES!!

LOCAL ADDRESS: _____

LOCAL PHONE NUMBER: (____) _____ CELL PHONE: (____) _____

HOME COUNTRY ADDRESS: _____

HOME COUNTRY PHONE NUMBER: _____
E-MAIL: _____

STUDENT ID NUMBER (if known): _____

DATE OF BIRTH (month/day/year): ____/____/____

COUNTRY OF CITIZENSHIP: _____
COUNTRY OF BIRTH: _____

PASSPORT NUMBER: _____
COUNTRY OF ISSUE: _____
EXPIRATION DATE (month/day/year): ____/____/____

VISA TYPE: _____ EXPIRATION DATE (month/day/year): ____/____/____

ADMISSION NUMBER (I-94 card): _____
DATE OF ENTRY _____ PORT OF ENTRY _____

SOCIAL SECURITY NUMBER (if known): _____ - _____ - _____

TRANSFER FROM (if applicable): _____

LANGUAGES SPOKEN: _____

DO YOU NEED MEDICAL INSURANCE? _____ (Yes or No)
PROOF OF INSURANCE _____ (If you have insurance from your home country)

COLLEGE: ___A&S ___BUS ___ENGR ___NURS ___GRAD ___LAW
MAJOR: _____

FIRST DATE OF STUDY AT VU: ___SUM ___FALL ___SPRING YEAR _____
EXPECTED DATE OF COMPLETION (month/year): ____/____

