INTERNATIONAL STUDENT INFORMATION FORM

(This form must be completed once each semester)

PART 1: Please answer all questions.

Name:				Date	of Birth:/	/
		: / Given)	(Middle)			Day Year
M Number: M			Visa	Type: F-1 J	J-1 Other	
MVCC Email:		@studer	nt.mvcc.edu	Non-MVCC Email:		
Country of Citizer	nship:		Country of Birth:			
Major:				Male	Female	_
When will you gra	aduate? Mo	nth	_ Year			
Local Address						
Street:					Apt. #	
City:			St	ate:	Zip Code:	
Home Telephone	#:		c	ell Phone #:		
Home Country A	ddress					
Address Line 1: _						
Address Line 2:						
City: State / Province:						
Country: Postal Code:						
Home Country Ph	one # (inclu	de country	code):			
PART 2: Please co	mplete if ap	oplicable.				
		Spous	e and Childre	n Residing in U.S.		
Family Name F	irst Name	Visa D	ate of Birth	Country of Birth	Citizenship	Relationship