



**Immigration Information**

If you are **currently INSIDE the United States**, please complete and submit the following:

1. Current Visa Classification: \_\_\_\_\_ Current Sponsor/School: \_\_\_\_\_
2. Date of Initial Entry into United States (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
3. I-94 Admission Number \_\_\_\_\_ I-94 Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (If D/S, check here: )
4. Please attach supporting documentation verifying current visa classification (e.g., Form I-20, Form DS-2019, etc.).

If you are **currently OUTSIDE the United States**, please complete the following:

1. City/Country where you will apply for the required visa: \_\_\_\_\_
2. Have you previously been inside the United States in F1 status? Yes  No
3. If yes, provide the dates of your program (including any post-completion optional practical training authorization) and attach a copy of your most recently issued Form I-20. From: (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

**Dependent Information**

For each dependent who will accompany you to the U.S., please provide the following information. Use additional sheet if necessary. Please note that a dependent is defined as your spouse and/or any unmarried children under 21 years of age.

1. Gender:  Male  Female Relationship: \_\_\_\_\_

Name: (IMPORTANT: Print the name EXACTLY as it appears in the passport.)

Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ City & Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

2. Gender:  Male  Female Relationship: \_\_\_\_\_

Name: (IMPORTANT: Print the name EXACTLY as it appears in the passport.)

Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ City & Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

3. Gender:  Male  Female Relationship: \_\_\_\_\_

Name: (IMPORTANT: Print the name EXACTLY as it appears in the passport.)

Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ City & Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

**“The statements and information provided on this application are true and accurate to the best of my knowledge.”**

Signature \_\_\_\_\_

Date \_\_\_\_\_