

International Student Information Form

General Information

Required of ALL International students regardless of visa status

Last Name:		First Name:				
			tification Page; Attach			
Start Semester:	D	egree Sought:	School/Department:			
Gender: <i>(circle one)</i> Ma	ale / Female	Marital Status: (<i>circle one)</i> Single / M	arried	Date of Birth: _	Month/day/year
City of Birth:			Country of Birth:			
Permanent Residence	:		Country of Citizensh	ip:		
Permanent Home Add (Outside of US)	ress:					
City:	State/Province:		Country:		Postal Cod	e:
US Address (if applicable	e):		City:	State:	Zip (Code:
Phone Number:		E	E-mail Address:			
Parent/Guardi	an E-mail Addres		ate students only):			
Preferred Emergency						
Name:			_Relation:	[Phone #:	
USA Emergency Conto	ıct					
Name:			_Relation:	I	Phone #:	
		<u>V</u>	isa Status			
1. If you are curr	ently in the US, w	hat is your visa s	tatus?			
2. While at Davis Please provide us with co	- .	•	n your current visa s locuments: I-94 card, v	-		
Signature:			Date:			
					I	

Please return this form to:

Davis & Elkins College Attn: Lowe Del Aviles Student Life Office, Rm 38 100 Campus Drive Elkins, WV. 26241