



**SEVIS INFORMATION FORM**

<b>First Name:</b>		<b>Middle Name:</b>	
<b>Last Name:</b>		<b>SSN (if any):</b>	_____
<b>Date of Birth:</b>	(Month, Day, Year) _____	<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Country of Birth:</b>		<b>Country of Citizenship</b>	

<b>Student's U.S., Address</b>	_____ City _____ State _____ Zip _____ Tel: (_____) _____ E-mail: _____@_____
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<b>Student's Foreign Address</b>	_____ Province/Territory _____ Country _____ Postal Code _____
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<b>I-94 Number:</b>		<b>Passport Number:</b>	
<b>Port of Entry</b>		<b>Date of Entry (mmddyy):</b>	
<b>Place where Visa was Issued:</b>		<b>Visa Expiration Date in Passport (mmddyy):</b>	
<b>Place where Passport was Issued:</b>		<b>Passport Expiration Date (mmddyy):</b>	

<b>DEPENDENT INFORMATION*</b>			
<b>First Name:</b>		<b>Middle Name:</b>	
<b>Last Name:</b>		<b>SSN (if any):</b>	_____
<b>Date of Birth:</b>	(Month, Day, Year) _____	<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Country of Birth:</b>		<b>Country of Citizenship</b>	
<b>Relationship to Student:</b>			

\* PLEASE MAKE MULTIPLE COPIES OF THIS SECTION IF YOU HAVE MORE DEPENDENTS TO REPORT.