



# GENEVA COLLEGE

## International Student Mandatory Information Form

Name as it appears on passport:

\_\_\_\_\_

Given/First Name                                      Middle Name (if applicable)                                      Family/Last Name

Major or Degree Program:

\_\_\_\_\_

Country of Citizenship:

\_\_\_\_\_

Country of Birth:

\_\_\_\_\_

Date of Birth (MM/DD/YYYY):

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender: (Circle One)

MALE

or

FEMALE

If currently hold a United States visa, what type of visa do you currently hold?

\_\_\_\_\_

Home address **outside of the United States:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If different, **address you want your I-20 mailed to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current phone number: \_\_\_\_\_

Current e-mail address: \_\_\_\_\_

Will you bring any dependents (spouse, children) with you during your studies in the USA?    YES    or    NO

If yes, please list:

\_\_\_\_\_  
Full Name                      Relationship                      Citizenship                      Date of Birth (MM/DD/YYYY)                      Country of Birth                      Gender

\_\_\_\_\_  
Full Name                      Relationship                      Citizenship                      Date of Birth (MM/DD/YYYY)                      Country of Birth                      Gender

\_\_\_\_\_  
Full Name                      Relationship                      Citizenship                      Date of Birth (MM/DD/YYYY)                      Country of Birth                      Gender

\_\_\_\_\_  
Full Name                      Relationship                      Citizenship                      Date of Birth (MM/DD/YYYY)                      Country of Birth                      Gender