International Student Questionnaire

[Checkboxes for Undergrad/Graduate Rockland Campus, Undergrad/Graduate NYC Campus, Alliance Theological Seminary Rockland Campus]

Personal Information (print clearly) This information is needed to complete the I-20 Application for F-1 Student Visa/Status. Provide all information as it appears in your passport.

Family name: _________________________ Date of Birth: M____ D____ Y_____
First name: ___________________________ Gender: ☐ Male ☐ Female
Country of birth: _____________________ County of citizenship: ____________________
Phone number: _______________________
E-mail: ______________________________

History (Check the answers that apply)

Was the last school you attended a SEVIS School? ☐ Yes ☐ No
If yes, do you believe you are still in active SEVIS Status? ☐ Yes ☐ No
When did you last attend a U.S. school? Month _____________ Year _____________
Did you graduate/complete a degree at this school? ☐ Yes ☐ No
If yes, check level of study: ☐ High School ☐ Associates ☐ Bachelors ☐ Graduate
Previous SEVIS School: ___________________________ School SEVIS code: __________________

Please submit a copy of your last I-20 and Personal Page of your Passport

If you have dependents, how many will also apply for F-2 visas? ________
Dependent: ___________________________ Relationship: ___________________________
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Do you currently hold a valid F-1 Visa? ☐ Yes ☐ No
If you plan to change your “visa status” in the United States, what valid visa do you now hold? ______________

Intended Academic Program (Check the answers that apply)

Expected start date: ☐ Fall ☐ Spring ☐ Summer Year: __________
Expected Degree: ☐ Masters ☐ Bachelors ☐ Associates
Expected Major/Program: ___________________________

Address in home country (Please print clearly)

Street: ________________________________________________________________
City: _________________________________________________________________
Province: _____________________________________________________________
Country: _____________________________________________________________
Postal/Zip Code: ______________________________

*Contact phone number in home country: ________________________________

*Who do you plan to have as your financial support outside of any Nyack College aid?

Name: _______________________ Relationship: ___________ Amount: ___________
Name: _______________________ Relationship: ___________ Amount: ___________

Address to send I-20 (if different from home country)

Street: ________________________________________________________________
City: _________________________________________________________________
Province: _____________________________________________________________
Country: _____________________________________________________________
Postal/Zip Code: ______________________________

*Do you plan to live in the Rockland County campus housing? ☐ Yes ☐ No

12/2016