International Student Questionnaire

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: _____________________________

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

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