

International Student Data Form

University of Illinois at Springfield
Office of International Student Services

PRINT ALL INFORMATION

UIN #: _____

Sex: M F

I 94# : _____
(from I 94 card stapled to your passport)

Name: _____
First Last/Family

Current U.S. Address: _____

City: _____ State: _____ Postal Code: _____

Telephone (Home): _____ Telephone (Cell): _____

Address in your country: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ Telephone: _____

Country of Birth: _____ Country of Citizenship: _____

Married? : Y N Date of Birth: _____
mm/dd/yyyy

Country Code: _____

Status: full-time part-time

Major Code: _____

This Term: Fall Spring Summer Year: 20____

Level of Study Code: _____ (Undgraduate:100, Graduate:200, Doctoral:300, Other:400)

Visa Type: F J Permanent Resident Other Please indicate type: _____

Visa Form: I-20 DS-2019 Visa Issue Date: _____ Visa Expiration Date: _____
mm/dd/yyyy mm/dd/yyyy

Passport #: _____ Passport Expiration Date: _____
mm/dd/yyyy

Personal non-UIS E-Mail Address: _____