

## INTERNATIONAL STUDENT DATA INFORMATION SHEET

CUNY EMPL ID#:		
LAST NAME:	FIRST NAME:	M NAME:
DATE OF BIRTH:/	/	<b>GENDER:</b> □Male □Female
U.S. ADDRESS:		APT#:
CITY:	STAT	E: ZIP CODE:
PHONE NUMBER:	ALTERNATIVE PHON	IE NUMBER:
E-MAIL ADDRESS:		
HOME COUNTRY ADDRESS:		
COUNTRY of CITIZENSHIP: _		
CURRENT VISA STATUS: □F1	□J1 □B1/B2 □Other:	I-94 ADMIT#:
SEVIS# (ON I-20 FORM): N		
FIRST SEMESTER at LaGuardi	a: □FALL□SPRING	□FRESHMEN □TRANSFER
MAJOR:		
OPTIONAL PRACTICAL TRAI	NING (OPT)(If applicable): □YES □ If yes: Sta	INO rt date:End date:
I-20 TERMINATION DATE AN	D REASON, IF KNOWN	
PRIOR U.S. SCHOOLS ATTEN	DED: N	AME & STATUS OF DEPENDANTS (WIFE/HUSBAND/CHILDREN):

