Full-Time International Student Data Sheet		
Please complete this form very carefully as information prov	ided is used on the I-20	
Print and complete your name exactly as it appears on your passp	ort. OVVENS	
LAST (FAMILY) NAME		
GIVEN NAMES		
HOME COUNTRY MAILING ADDRESS		
STREET AND NUMBER		
CITY	PROVINCE/TERRITORY	
COUNTRY	POSTAL CODE	
COUNTRY OF BIRTH		
COUNTRY OF CITIZENSHIP		
CITY OF BIRTH		
DATE OF BIRTH: MONTH DAY YE	AR	
MY NATIVE LANGUAGE IS		
IMMIGRATION STATUS: (Visa)		
SEMESTER START DATE (check only one)		
□ FALL SEMESTER (August to December) □ SPRING SEMESTER (January to May) □ SUMMER SEMESTER (May to August)		
YEAR		
YOUR INTENDED PROGRAM OF STUDY/MAJOR		
EMAIL ADDRESS		
CELL/MOBILE		
WILL ANY DEPENDENTS BE LIVING WITH YOU IN THE UN	ITED STATES? VES NO	
PLEASE SUBMIT A SEPARATE DEPENDENT DATA SHEE FOR EACH OF YOUR DEPENDENTS.	ET/PASSPORT COPY /VISA COPY and FINANCIAL CERTIFICATION	
PAYMENT METHOD (Please select one)		
□ Self		
\Box Scholarship. If yes, please provide name		
□ Other		

How would you like to receive your I-20?		
	SENT BY U.S. POSTAL SERVICE: No expense to student. Please provide full mailing address below.	
	SENT BY COMMERCIAL CARRIER (FEDEX/DHL): Please ask for instructions. Please note: STUDENTS ARE RESPONSIBLE FOR COST OF COMMERCIAL SHIPPING.	
	PICK-UP FROM OFFICE (SELF ONLY)	

TRANSFER STUDENTS ONLY

CURRENT UNITED STATES ADDRESS

*STREET AND NUMBER (*APARTMENT NUMBER-IF APPLICABLE)

Are you planning to travel outside the U.S. before you start classes at Owens? $\ \square$ YES $\ \square$ NO			
If yes, please provide intended departure date: (MM/DD/YYYY)			

ATTESTATION:	
I PROVIDED ABOVE IS TRUE AND ACCURATE.	CERTIFY THAT ALL OF THE INFORMATION
SIGNATURE	DATE

Please indicate how you heard about Owens Community College:

□ FRIENDS/ADVISORS FROM MY HOME COUNTRY TOLD ME ABOUT OWENS

□ FRIENDS/ADVISORS FROM ANOTHER PART OF THE U.S. TOLD ME ABOUT OWENS

☐ FRIENDS/ADVISORS FROM THE TOLEDO AREA TOLD ME ABOUT OWENS

□ ONLINE

OTHER, PLEASE DESCRIBE