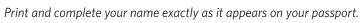
Visiting International Student Data Sheet



GIVEN NAMES/ INITIAL /S		
CURRENT UNITED STATES ADDRESS		
STREET AND NUMBER		
APARTMENT NUMBER (IF APPLICABLE)		
CITY	STATE	ZIP CODE
***CELL/MOBILE		
EMAIL ADDRESS:		
IMMIGRATION STATUS: (VISA)		
STATE SEMESTER START DATE (CHECK ONLY ONE)		
SPRING SEMESTER (January to May)		
SUMMER SEMESTER (May to August)	_	
FALL SEMESTER (August to December)		
YEAR		
YOUR INTENDED PROGRAM OF STUDY/MAJOR		
*** PAYMENT METHOD (Select ONLY one)		
SELF		
SCHOLARSHIP		
Please state scholarship name		
OTHER		
I		certify that all of the information
Iprovided above is true and accurate.		
SIGNATURE	DATE_	