

Visiting International Student Data Sheet



OWENS
COMMUNITY COLLEGE

Print and complete your name exactly as it appears on your passport.

LAST (FAMILY) NAME _____

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 provided above is true and accurate.

SIGNATURE _____ DATE _____