



BIOGRAPHICAL FORM

Personal Information

Name _____
Last (Family) First Middle

Gender: Male _____ Female _____ Date of Birth _____/_____/_____

Country of Birth _____ Country of Citizenship _____

Degree/Major _____ Expected Completion Date _____

Passport Expiration Date _____/_____/_____ Visa Expiration Date _____/_____/_____

Contact information

U.S. Address _____

Phone: _____

Email: _____

Emergency Contacts

Name: _____ Phone number: _____

Email address: _____ Relationship to you: _____

Name: _____ Phone number: _____

Email address: _____ Relationship to you: _____

Visa information

Please attach a copy of your I-94, visa, and passport.

Visa Status (please circle one): F-1 Student J-1 Other: _____

SEVIS ID #: _____

Date you most recently entered the U.S.: _____/_____/_____ (in month, day, year format)

Health Insurance information

Coverage Expiration Date: _____/_____/_____ (in month, day, year format)

Signature of student _____ Date _____

Immigration Docs _____ Insurance _____ Bio Form Rec'd _____ SEVIS Registration date _____ IP Initials _____