



International Student SEVIS Data Collection Information Sheet

Please fill in all available information and print clearly!

LAST NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____ GENDER: _____ MALE _____ FEMALE

DATE OF BIRTH: ____/____/____ COUNTRY OF BIRTH: _____

CITY OF BIRTH: _____ COUNTRY OF CITIZENSHIP _____

COUNTRY OF LEGAL PERMANENT RESIDENCE: _____

SEVIS ID NUMBER N _____ SOCIAL SECURITY NUMBER: _____

E-MAIL ADDRESS: _____

PASSPORT NUMBER: _____ PASSPORT ISSUE COUNTRY: _____

PASSPORT EXPIRATION DATE: _____ VISA NUMBER (RED#): _____

VISA ISSUE DATE: _____ VISA ISSUING POST: _____

VISA EXPIRATION DATE: _____ I-94 NUMBER: _____

FOREIGN ADDRESS: _____

US ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

US PHONE NUMBER: _____

BARUCH **9-DIGIT** ID NUMBER: _____

SEMESTER STARTED/BEGAN STUDIES AT BARUCH COLLEGE: _____

MAJOR: _____ DEGREE LEVEL: _____

CONTINUED ON REVERSE SIDE

DEPENDENTS RESIDING WITH YOU IN THE U.S.? YES _____ NO _____

IF YES, PLEASE FILL IN INFORMATION ON DEPENDENT SPOUSE AND/OR CHILDREN BELOW:

LAST NAME	FIRST NAME	DATE OF BIRTH	COUNTRY OF BIRTH	RELATIONSHIP

TRANSFER STUDENT INFORMATION:

TRANSFERRED FROM _____ DEGREE / PROGRAM LEVEL _____
Name of Institution

ATTENDED FROM _____ TO _____
Starting Date Ending Date

EMPLOYMENT INFORMATION:

CURRICULAR PRACTICAL TRAINING:

COMPANY NAME: _____

FROM: _____ TO: _____
Date Date

ACADEMIC / PRACTICAL TRAINING:

FROM: _____ TO: _____
Date Date

OTHER REMARKS: _____

SIGNATURE: _____ DATE: _____

To process your SEVIS I-20 / DS 2019, please return this completed document immediately

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