

International Student Information Sheet

Please PRINT using ALL CAPITAL LETTERS.

REMEMBER the non-refundable \$250 registration fee must be paid before I-20 isuance.

NAME AS IT APPEARS ON YOUR PASSPORT:

Last (Family Nam	ме):		
First:		MIDDLE:	
DATE OF BIRTH:	Month:	Day:	_Year:
CITY OF BIRTH:	<u> </u>	Country of Bir	гн:
COUNTRY OF CITIZ	ZENSHIP:		
INTERNATION	NAL HOME ADDRES	<u>88</u> AND TELEP	HONE:
Street Address:			
City:	State/Pi	rovince:	
Postal Code:	(Country:	
Phone:		E-Mail:	
UNITED STAT	<u>ES HOME ADDRESS</u>	(IF CURRENTLY L	IVING IN THE USA):
Street Address:			
City:	State/Province	:	_Postal Code:
Program of Stud	ly . □ 12-Week □ On	e-Year 🗌 Two-Ye	ear 🗆 AOS
Program Start:	\Box Winter \Box Spring \Box	□Summer □Fal	11 Year:
Choose your ship	ping Option: 🗆 eShip G	Global (pay directl	y through eShipGlobal) □U.S. address
Please email this	form to <u>Laura Crome</u>	e <u>r</u> laura@strasbe	erg.edu
During (Covid-19 Pandemic, I-20s ma	y be issued electronic	ally and emailed per ICE guidance