



# International Student Information Sheet

Please **PRINT** using **ALL CAPITAL LETTERS**.

REMEMBER your tuition must be paid in full before we will mail you your I-20.

## NAME AS IT APPEARS ON YOUR PASSPORT:

LAST (FAMILY NAME): \_\_\_\_\_

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

DATE OF BIRTH: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

CITY OF BIRTH: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_

## INTERNATIONAL HOME ADDRESS AND TELEPHONE:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## UNITED STATES HOME ADDRESS (IF CURRENTLY LIVING IN THE USA):

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Program of Study:**  12-Week  One-Year  Two-Year  AOS

Choose your shipping Option:

eShip Global (pay directly through eShipGlobal)  U.S. address (no cost)

Please email this form to Laura Cromer [laura@strasberg.edu](mailto:laura@strasberg.edu)