Biographical Information

Last/Family Name	First/Given Name	Middle Name(s)	
Date of Birth (mm/dd/yyyy)	Gender		
City of Birth	Country of Birth	Country of Citizenship	
Country of Legal Permanent	Residence E-mail Address	Phone #	
Foreign Physical Permanent	Address (Street Name and Number	, Apt.)	
City	State/Province	Zip Code	Country
Current SEVIS ID (if	you are on F or J status):		
2. What is your current	visa type? F-1 J-1	Dependent of:	
3. Current U.S. address	s (ONLY if you are in the U.S.)		
(Street Name and Number, Apt)		
City	State/Province		Zip Code
I certify that the information I hav will notify the Office of Internation	e provided above is true and correct and fo al Affairs of those changes.	or any changes to this inf	formation, I
Signature	 Date (mm/dd/y	ууу)	