



VALDOSTA STATE UNIVERSITY
CENTER FOR INTERNATIONAL PROGRAMS

SEVIS DATA INTAKE FORM

STUDENT INFORMATION – All fields required

Date of Birth: _____ **VSU ID # 870** _____ **Visa :** F-1 J-1
(mm/dd/yyyy)

Name: _____
Family/Last Name First/Given Name Preferred Name

Degree: Bachelor's Master's Doctorate Exchange

Semester: _____
(fall, spring, summer) year

Write your physical address below (no PO/VSU boxes). If you live on campus, include your residence hall and room #.

Local address _____
Street Address Apartment/Room #

City State Zip code US Phone # include area code

VSU Email: _____

Marital Status: Single Married Other

Do you have any dependents with you in the US? If yes, who? _____

EMERGENCY CONTACT INFORMATION – Do not list friends/roommates

Name: _____
Family/Last Name First/Given Name

Address _____
Street Address

City/Town State/Province/District Country Zip code

Phone # _____ **Email** _____
include country code

Relationship to you: _____
(mother, father, sibling, guardian, etc.)

Authorization to retrieve electronic I-94 information

I am giving my consent for a representative (ex. International Student Advisor/ Exchange Student Advisor) from the Center for International Programs to retrieve my electronic I-94 record for my file to assist me with completing my check-in process. I understand that any information retrieved will not be shared beyond this office without my consent.

 Signature

MEDICAL INFORMATION – Optional

Any medical conditions we should know about?