

International Student Admissions

Supplemental Admissions Form

| Student Name: | First | Middle |
|--|--|---|
| Date of birth: | City of birth: | |
| Native Language(s): | | |
| Current Visa Status | | |
| If you are currently in the U.S. a □ I will be leaving the U.S. to □ I will be remaining in the U. | States? [] Yes [No and seeking a Form I-20 f apply for an F-1 visa from .S. and applying for a Cha | Please specify your current visa type: from Normandale, check one below: n outside the U.S. |
| | | |
| | | When does your visa expire? |
| | | What institution issued your initial I-20: |
| What date did you enter the U.S | · | |
| Reinstatement | | |
| Was your SEVIS record previou | usly terminated and you ir | ntend to apply for reinstatement? [] No [] Yes |
| Dependents | | |
| Will any family members be tra If Yes, list each person below. At | | |
| · | | |
| 1Full Name and Rela | ationship | Full Name and Relationship |
| | | |
| Full Name and Rela | | Full Name and Relationship |
| Emergency Contacts | | |
| | | |
| In the United States: | | |
| | | Relationship: |
| Name: | | |
| Name: | | |
| Name: Address: Phone Number: | | |
| Name: Address: Phone Number: <i>In your Home Country:</i> | | |
| Name: Address: Phone Number: <i>In your Home Country:</i> | | Email: Relationship: |
| Name:Address: Phone Number: In your Home Country: Name: Address: | | Email: Relationship: |