



Enrollment Services International Student Information

Complete this form and return to Enrollment Services, SSC room L156, or mail to Sara Vincent, Enrollment Services, MS #12, P.O. Box 1046, Manchester CT 06045-1046.

For more information, call 860-512-3210.

STUDENT INFORMATION

| | | | |
|--|---------------------|----------------------------------|------------------------|
| First Name | MI | Last Name | Date |
| Current Address | | | |
| City | | | State Zip |
| How long have you lived at this address? (years, months) | Home Phone | Cell Phone | |
| Date of Birth | Country of Birth | Country of Citizenship | |
| United States Drivers License? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what state? | Driver's License Number/State ID | Date License/ID Issued |
| High School Attended | Location | | |
| Last College Attended | Location | | |
| Dates Attended College Semester/year from: _____ to _____ | Degree Awarded | Graduation Year | |

CONTACT/SPONSOR INFORMATION

| | | | |
|----------------------------|--|----------------------------|-----------|
| Contact/Sponsor Name | | | |
| Contact/Sponsor Address | | | |
| City | | | State Zip |
| Contact/Sponsor Home Phone | | Contact/Sponsor Cell Phone | |
| Relationship to Student | | | |

STUDENTS ON UNITED STATES NON-IMMIGRANT VISAS

| | | | |
|--|--|-----------------------------------|--|
| Are you on a visa? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, what type of visa? | Expiration Date | Date Arrived in the United States | |