

## International Student Data Sheet

NAME (Last)/(Family)		(First)/(Given)	(Nickname)
UTICA COLLEGE ID #		COUNTRY OF CITIZENSHIP	COUNTRY OF LEGAL PERMANENT RESIDENCE
CITY OF BIRTH		COUNTRY OF BIRTH	
GENDER (circle one)	DATE OF BIRTH (mm/dd/yy)		DATA SHEET FOR EACH DEPENDENT REQUIRED
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>			NUMBER OF DEPENDENTS

<b>Permanent (residence) address outside the US</b>	Address line 1	
	Address line 2, if any	
	City	
	Province or territory	
	Postal code	
	Country	
	Telephone (including country code)	
	Email (e.g. Hotmail, Gmail, etc.)	

<b>Shipping Address for Immigration Documents</b>	Address 1	
	Address 2	
	City	
	State	
	Postal Code	
	Telephone (including country code)	

<p><b>Have you ever traveled to the US?</b></p> <ul style="list-style-type: none"> <li>• If yes, what were the dates?</li> <li>• What was the visa type(s)? (List all if more than one)</li> </ul>	
<p><b>Do you have a US visa currently?</b></p> <ul style="list-style-type: none"> <li>• If yes, what type is it?</li> <li>• When does it expire?</li> </ul>	

### Academic Information

Check one:	JELP	Transfer	Undergrad Freshman	Undergrad Sophomore	Undergrad Junior	Senior Undergrad	Graduate
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major(s)							
Minor(s)							
Academic Advisor(s)							
Expected Graduation date							

### Required Health Insurance

UC has a mandatory health insurance plan, required for **all international students**, which meets State Department minimum standards. Please refer to the brochure in your orientation folder or see the Student Health Center staff for details on the health insurance plan.

*I hereby certify that I am aware that I am required to purchase and maintain the UC health insurance coverage during my stay at Utica College.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Privacy

*The Family Educational Rights and Privacy Act (FERPA) is a US law that gives university students the right to have access to their education records, the right to seek to have the records amended, and the right to have some control over the release of personally identifiable information from the education records. This means that with a few exceptions, UC staff cannot give out any information about you (other than directory information) without your direct written permission. If you would like family members (including a spouse) or others to be able to receive information about you, please list their names and relationship to you below. Students sponsored by an organization such as the Saudi Arabian Cultural Mission **must** include the sponsoring organization in their release; exchange students **must** include the name of their home institution. Otherwise all your files are completely confidential except as mandated by law.*

Name	Relationship to You

***I hereby authorize release of information only to the above named person(s). This authorization remains valid until revoked by me in writing.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Contact

Name of person to contact in an emergency (FAMILY, given)	
Relationship to you	
Language(s) your contact speaks	
Telephone number(s) including country code (Please list 2 )	
Address (City, Country )	
Email	

