

International Student Contact Information Form

Student Information			
Family/Last Name(Surname)		First Name	Middle Name (If Any)
Date Of Birth (MM-DD-YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone	Email Address
SEVIS Number N	myShelton User ID A	Home Country	
Local Address			
Address _____			
City _____ State _____ Zip _____			
Emergency Contact Information In Case Of An Emergency, Please Notify The Person(s) Named Below.			
Name _____		Relationship _____	
Phone Number _____		Additional Number _____	
Name _____		Relationship _____	
Phone Number _____		Additional Number _____	
Dependent Information			
Do you have any dependents (spouse or children) in the U.S. with you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please complete the following information and provide copies of dependents' documents.			
Spouse Name: _____		Gender : male female	
Child 1 Name: _____		Gender : male female	
Child 2 Name: _____		Gender : male female	
Child 3 Name: _____		Gender : male female	