

CENTER FOR INTERNATIONAL PROGRAMS

Telephone: (845) 257-3125

Fax: (845) 257-3129

Welcome to the State University of New York at New Paltz! We the Center for International Programs are eager to meet you and hope that we can assist you while you are a student here. Please complete the requested information and return it to the Center for International Programs with your passport, I-20 or DS-2019, and I-94 card. We will return these documents to you after verifying your immigration status.

Today's Date: _____ Date you are traveling: _____

Name: _____

Local or on-campus address: _____
(you must provide a residential address not a PO Box number)

Telephone number: _____ Email Address: _____

Student ID# or Social Security #: _____

Date of Birth ____/____/____ Country of Citizenship _____
month day year

Passport Number: _____ Date of Expiration: ____/____/____
month day year

Port of Entry: _____ Date of Entry to US: ____/____/____
month day year

Visa Type: F-1 F-2 J-1 J-2 Other (please specify): _____

Visa Number: _____
(this is also called the Control Number)

I-94 Number: _____ Valid until: D/S ____/____/____
month day year

Academic Program: _____ English as a Second Language
_____ Undergraduate
_____ Graduate
_____ Exchange
_____ Institute for International Business

Expected Date of Graduation: _____

Please complete this form and return it to the Center for International Programs with copies of you I-20 or DS-2019, I-04 card, entry visa and passport.

For Office Use Only

Current Local Address in: SEVIS _____ FSA Atlas _____ Student Records _____

