

**GRADUATE SCHOOL
FORT HAYS STATE UNIVERSITY
INTERNATIONAL STUDENT SUPPLEMENTAL INFORMATION FORM**

APPLICANT INFORMATION:

LAST/FAMILY NAME

FIRST/GIVEN/PERSONAL

MIDDLE/ MAIDEN

Please check one of the following:

☐ I will be completing my coursework via distance learning and will not be coming to the United States.

☐ I will be coming to Fort Hays State University in the United States to attend classes.

English is my native language: ☐ Yes ☐ No

TOEFL taken ____/____/____ Score _____ ☐ Paper-based test ☐ Computer-based test
Month Year

Do you plan to enroll in the Intensive English Program at FHSU? ☐ Yes ☐ No Starting Date: ____/____/____
Month Day Year

Have you successfully completed an Intensive English Language Program elsewhere? ☐ Yes ☐ No

If so, list name of school, city, and state: _____

APPLICANT'S VISA INFORMATION:

If you are a **nonimmigrant** foreign student currently in the United States, provide the following information:

Date entered the U.S.: ____/____/____ Type of Visa: ☐ F1 ☐ J1 Visa expiration date: ____/____/____
Month Day Year Month Day Year

Date passport issued: ____/____/____ Passport No. _____ Passport exp. date: ____/____/____
Month Day Year Month Day Year

If you hold an **F1** visa, what institution issued the Form I-20 on which you received your visa? _____

If you hold a **J1** visa, please answer the following: Who is the sponsor? _____

Program Number: _____

TRANSFER INFORMATION:

If you are currently in the United States, indicate the reason(s) by checking the appropriate boxes:

☐ Attending another college/university ☐ Attending Intensive English Program ☐ Other Reason(s)
If so, where and for what reason(s)? If so, where? Please specify:

If there have been periods of **three months** or longer during which you have **not** been in school or employed while in the United States, please outline your activities during those times:

Activity: _____ Beginning and Ending Dates: _____

APPLICANT'S FAMILY INFORMATION:

**This information is necessary for the I-20 completion if
you will have family members accompany you to the U.S.**

☐ Married ☐ Single

Spouse's Full Name (if applicable): _____ Citizenship: _____

Country of Birth (if different from citizenship): _____ Date of Birth: ____/____/____
Month Day Year

Is your spouse also applying to FHSU? ☐ Yes ☐ No

List children, if any who will accompany you:	Name	Birth Date	Country of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have any of the above family members studied at FHSU? ☐ Yes ☐ No

If you want the Graduate School to give information about your application to someone, such as a friend, relative, or organization, please list the name and relationship of the individual(s). If you leave this space blank, the Graduate School will NOT discuss the application information with anyone but you.

Name

Relationship

Organization

