



FORT HAYS STATE UNIVERSITY

Forward thinking. World ready.

GRADUATE SCHOOL INTERNATIONAL STUDENT SUPPLEMENTAL INFORMATION FORM

APPLICANT INFORMATION:

LAST/FAMILY NAME FIRST/GIVEN/PERSONAL MIDDLE/MAIDEN

INTERNATIONAL MAILING ADDRESS: (needed for I-20)

STREET CITY, STATE ZIP CODE COUNTRY

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 Internet-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
If so, where and for what reason(s)?

Attending Intensive English Program
If so, where?

Other Reason(s)
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:

<u>NAME</u>	<u>BIRTH DATE</u>	<u>COUNTRY OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ORGANIZATION</u>
_____	_____	_____
_____	_____	_____