

## GRADUATE SCHOOL INTERNATIONAL STUDENT SUPPLEMENTAL INFORMATION FORM

## **APPLICANT INFORMATION:**

LAST/FAMILY NAME	FIRST/GIVEN/PERSONAL	,	MIDDLE/MAIDEN
INTERNATIONAL MAILING ADDRI	ESS: (needed for I-20)		
STREET	CITY, STATE	ZIP CODE	COUNTRY
Please check one of the following:			
1 0	ork via distance learning and will not the University in the United States to	•	United States.
English is my native language: $\Box$ Ye	es □No		
TOEFL taken/_ Month Year	Score P	aper-based test [	☐Internet-based test
Do you plan to enroll in the Intensive	English Program at FHSU? ☐Yes [	□ No Starting Date	e:// Month Day Year
Have you successfully completed an I	ntensive English Language Program	elsewhere?	s □ No
If so, list name of school, city, and sta	te:		
APPLICANT'S VISA INFORMA	ATION:		
If you are a <b>nonimmigrant</b> foreign str	udent currently in the United States, I	provide the following	ng information:
Date entered the U.S.:// Month Day	Type of Visa: □F1 □J1	Visa expiration da	Month Day Yea
Date passport issued:// Month Day			Month Day Yea
If you hold an <b>F1</b> visa, what institution	n issued the Form I-20 on which you	received your visa?	?
If you hold a <b>J1</b> visa, please answer th	ne following: Who is the sponsor?		
Program Number:			

## TRANSFER INFORMATION:

If you are currently in the United States, indi	cate the reason(s) by checking	g the appropriat	e boxes:
☐ Attending another college/university If so, where and for what reason(s)?	☐ Attending Intensive Eng If so, where?	lish Program	☐ Other Reason(s) Please specify:
If there have been periods of <b>three months</b> of United States, please outline your activities of		ve <b>not</b> been in	school or employed while in the
Activity:			
Beginning and Ending Dates:			
APPLICANT'S FAMILY INFORMA			the I-20 completion if company you to the U.S.
☐ Married ☐ Single			
Spouse's Full Name (if applicable):		Citizenshi	p:
Country of Birth (if different from citizenshi	p):	Date of	of Birth:// Month Day Year
Is your spouse also applying to FHSU? □	Yes □No		•
List children, if any who will accompany you	u:		
<u>NAME</u>	<u>BIR</u>	TH DATE	COUNTRY OF BIRTH
Have any of the above family members stud	ied at FHSU? □Yes □No		
If you want the Graduate School to give in organization, please list the name and relation will NOT discuss the application information	onship of the individual(s). If		
NAME	RELATIONSHIP		<b>ORGANIZATION</b>