

International Student Success Information Form

650 Maryville University Drive, University Library ♦ Tel: 1.314.529.9649

To be completed by student * Denotes Required Field

PERSONAL INFORMATION			
* Family (Last) Name:	* Given (First) Name:	* Middle Name:	
* Student ID Number:	Married: <input type="checkbox"/> YES <input type="checkbox"/> NO	Personal E-mail:	
First time in the U.S.? If No, how long was your previous stay?	* Date of Birth:	* Country of Birth:	

If you are accompanied by your dependents, please complete a Student Dependent Information Form.

PASSPORT, VISA & STUDY INFORMATION			
* Passport Number:	* Passport Nation:	* Passport Expiration Date:	* Current Visa Class
* Visa Number (Red number on visa):	* Visa Issue Date:	* Visa Expiration Date:	* Issuing Post Name:
* Port of Entry:	* Entry Date:	* Admission/ I-94 Number:	
* * Degree Sought: <input type="checkbox"/> Bachelor <input type="checkbox"/> Doctoral <input type="checkbox"/> Masters <input type="checkbox"/> Other: _____	* Field of Study:		* I-20 Expiration Date:

LOCAL ADDRESS INFORMATION <i>must be a physical location - no campus mailbox. This information will be entered into SEVIS.</i>				
*Do you live on-campus? <input type="checkbox"/> yes <input type="checkbox"/> no	*If on campus, please specify building: <input type="checkbox"/> Mouton <input type="checkbox"/> Potter Hall <input type="checkbox"/> Apartment : _____	Room/apt #:	*Local Cell Phone:	
*If off campus, street address:	Apt #	*City:	* State:	* Zip code:

EMERGENCY CONTACT IN U.S.	
* Name:	* Relationship:
* Phone:	Email:

EMERGENCY CONTACT IN HOME COUNTRY	
* Name:	* Relationship:
* Phone:	Email:

HEALTH INSURANCE INFORMATION
All F-1 visa students (and their F-2 dependents) are required to enroll in health insurance while attending Maryville University. Students should present their health insurance card and information in English during the SEVIS Registration and Check-In appointment. Students who do not present alternative health insurance coverage will be enrolled and charged for the Maryville University student health insurance plan through LowerMark.
Please initial _____.

I acknowledge that the information I have provided is true and accurate.
Student's Signature: _____ Date: _____