



Queens College

The City University of New York

[International Students and Scholars Office \(ISSO\)](#)
[65-30 Kissena Blvd., Student Union, Room 327,](#)
[Flushing, NY 11367](#)
Phone: (718) 997-4440 Fax: (718) 997-4429
e-mail: iss@qc.cuny.edu
<http://www.qc.cuny.edu/isso>

INTERNATIONAL STUDENT SEVIS DATA COLLECTION INFORMATION SHEET

LAST NAME _____ MIDDLE NAME _____

FIRST NAME _____ GENDER __ M __ F DATE OF BIRTH _____

COUNTRY OF BIRTH _____ CITY OF BIRTH _____

COUNTRY OF CITIZENSHIP _____ COUNTRY OF LEGAL PERMANENT RESIDENT _____

STUDENT ID NUMBER _____ E-MAIL ADDRESS _____

PASSPORT EXPIRATION DATE ____ / ____ / ____ PASSPORT ISSUE COUNTRY _____

VISA TYPE _____ VISA ISSUE DATE ____ / ____ / ____

VISA EXPIRATION DATE ____ / ____ / ____ I-94 NUMBER _____

FOREIGN ADDRESS _____

US ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

US PHONE NUMBER (_____) - _____ (_____) - _____

DATE BEGAN SDTUDIES AT QUEENS COLLEGE _____ MAJOR _____

DEGREE LEVEL _____

DO YOU HAVE DEPENDENTS HERE IN THE U.S? YES _____ NO _____

IF YES PLEASE FILL INFORMATION ON DEPENDENT SPOUSE AND CHILDRENS BELOW:

(ATTACHED COPIES OF PASSPORTS)

LAST NAME	FIRST NAME	DATE OF BIRTH	COUNTRY OF BIRTH	RELASHIONSHIP

TRANSFER STUDENT INFORMATION

TRANSFERRED FROM _____ DEGREE/PROGRAM LEVEL _____

NAME OF INSTITUTION

ATTENDED FROM ____/____/____ TO ____/____/____

DATE

EMPLOYMENT INFORMATION

CURRICULAR PRACTICAL TRAINING _____ COMPANY NAME _____

FROM ____/____/____ TO ____/____/____ DATE

OPTIONAL PRACTICAL TRAINING ____ FROM ____ TO ____

OTHER REMARKS _____

SIGNATURE _____ DATE _____

TO PROCEED YOUR SEVIS I-20, PLEASE RETURN THIS COMPLETED DOCUMENT WITH COPIES OF YOUR PASSPORT

QUEENS COLLEGE, CITY UNIVERSITY OF NY
INTERNATIONAL STUDENT SERVICES OFFICE,
STUDENT UNION, ROOM 327
65-30 KISSENA BLVD., FLUSHING NY 11367
TELEPHONE: (718) 997-4440 FAX: (718) 997-4429