



International Services Office

Student Personal Data Form

Document Processing Appointment

Date ___/___/___

Time _____

Personal Data

Name: _____

Emergency Contact: _____

U.S. Address: _____

Address: _____

U.S. Phone: _____

Phone: _____

Email: _____

Date of Birth: _____

Your Nation of Birth: _____

Your Country of Citizenship: _____

- 1. We must see your original documents (I-20/DS-2019, Passport, I-94 record, Proof of Insurance) for processing and photocopying during document processing appointment.
2. Sign and date your I-20/DS-2019 form at the bottom of page 1, if not already completed
3. Complete "Orientation Evaluation" and submit at your document processing appointment.
4. If you are transferring to FGCU from another U.S. school provide name of school: _____

***** For Office Use Only *****

Table with 3 columns: DOCUMENT, COPIED, RETURNED, NOTES. Rows include: 1. Current I-20/DS-2019, 2. Current Passport, 3. I-94 Card/Record, 4. Other Immigration Documents, 5. Proof of Health Insurance, 6. Class Schedule for This Semester, 7. US SS# or ITIN# Documents, 8. FNIF Form.

Your signature confirms you have attended the International Student Orientation, received immigration regulation information and provided the items listed above and believe them to be current and accurate.

Student's Signature

Date

ISO Staff Signature

Date