



International Student Data Form for International Students at Elizabeth City State University

International Admissions
Room 120 M.D. Thorpe Administration Building |1704 Weeksville Road, Elizabeth City, NC 27909
Email: admissions@ecsu.edu Phone: 252-335-3305 Fax: 252.335.3537

Banner ID# _____

Please complete pages 1 & 2 of this form related to your intent to enroll at Elizabeth City State University either as a **NEW** or **TRANSFER** International Student. An **I-20** (needed to obtain a U.S. visa abroad or transfer from one school to another in the U.S.) will be prepared for you once this form and all other required documents are received by the PDSO/DSO.
TYPE or PRINT responses to all sections clearly.

Semester for which you are applying to ECSU : _____ Year _____ *New* *Transfer*
Fall/Spring

Section A: Personal and Immigration Information (Type or Print)

Attach a photocopy of the Passport identification page which shows the full legal name. If you do not have a Passport, provide a document showing name as it should appear on all legal documents.

Your Name _____ Gender: Male Female
Last (Family/Surname) First (Given) Middle

Date of Birth _____ Place of Birth _____
MM/DD/YYYY City Country

Country of Citizenship _____ Country of Legal Permanent Residence _____

Passport #: _____ Issuing Country: _____ Issue Date: _____ Expiry Date: _____
MM/DD/YYYY MM/DD/YYYY

Major: _____ Degree Level: BS MS

Academic Department _____ Seeking U.S. Visa/Status Type: F-1

Section B: Permanent Home Country Residence Information (Required)

P.O. Box or House Number or Route No. Description of Location and/or Street Address

City State/Province /Territory Country Zip/Mail/Country Code

#1 E-mail _____ Telephone: _____ #2 E-mail: _____

Specific Address for mailing Certificate of Eligibility (I-20) to you in the home country
List below (line by line) the home country address as it should appear on the USPS Express mail label:

Telephone: _____

Section C: Currently Inside the U.S.- Transfer or Change of Status (COS) Required

Address inside the United States: _____
Street Address and Apartment # City State Zip Code

Telephone: _____ **E-mail:** _____

Please indicate your current nonimmigrant status: F-1 F-2 Other (Please specify) _____

(1) **Are you applying for Change of Status?** Yes No

(2) **Are you required to apply for reinstatement?** Yes No

If yes explain _____

School/University which issued your current I-20? _____

Street Address/Building City State Zip Code

Telephone: _____ **International PDSO/DSO Name:** _____

NOTE: Please attach a photocopy of your current I-20, the I-94, the U.S. Visa Page(s) and the identification page(s) of your valid and current passport. If you are in a non-immigrant status other than F-1 all documents listed above are required with exception of the I-20. If your status was changed inside the U.S. All "Notice of Action" forms issued by USCIS must be provided to support current legal status.

If you plan to travel outside the U.S. prior to beginning your studies at ECSU please indicate:

Departure Date: _____

Return Date: _____ **Country:** _____

PLEASE EMAIL OR FAX THE COMPLETED INFORMATION DATA FORM AND ORIGINAL FINANCIAL DOCUMENTS TO:

International Admissions
M.D. Thorpe Administration Building
1704 Weeksville Road
Elizabeth City, NC 27909
Fax: 252.335.3537

Student' Signature _____ **Date:** _____