Summer Experiences
International Student Information Form

All students without a U.S. passport who live outside the U.S. or who are attending school in the U.S. on a visa need to complete this form. Please type or print very clearly; name must be exactly as it appears on your passport.

Please attach a copy of the front page of your passport (and visa if applicable) to this form.

Last/Family Name | First/Given Name | Middle Name

Home Street Mailing Address

City | State or Province | Country | Postal Code

Telephone Number (with country/area code) | Email Address

Country of Citizenship | Country of Legal Permanent Residence | Sex

Date of Birth: [ ] Month [ ] Day [ ] Year

Are you currently living in the US? [ ] No [ ] Yes

If YES, what is your visa type: ___________________________

Do you currently have an I-20 Certificate of Eligibility for an F-1 Student Visa? [ ] No [ ] Yes

If YES, who is the sponsor? ___________________________ When does it expire? [ ] month [ ] year

All international students coming from countries other than Western Europe, Canada, Australia, or New Zealand are required to have a negative PPD tuberculin skin test or negative chest x-ray within the past 12 months.

Please note: The U.S. Department of Health and the U.S. Centers for Disease Control do not recognize the BCG as being an effective vaccine for tuberculosis (TB). Therefore, we are unable to accept the BCG as proof that you are free of the disease. Unfortunately, the BCG vaccine causes you to test positive on a TB skin test. If you have had the BCG vaccine you will need to have a chest x-ray.

Tuberculin Skin Test or Chest x-ray: [ ] date [ ] Result[ ]

I acknowledge that the above information is true and correct: ___________________________ [ ] Signature [ ] Date

Please attach a copy of your health insurance card here.

Health insurance MUST be underwritten by a U.S. company. Insurance must be short-term health insurance with hospitalization coverage NOT travel insurance.

Very Important!!!
Do not return this form without a copy of your health insurance card attached.