

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	City of Birth	Country of Birth

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.