

International Student Personal Record Form

ATTACH PHOTO
HERE
(or copy of Passport Photo)

Please print clearly

Admission for: Fall Winter Spring Academic Year: _____ - _____

Personal Information:

Last/Family Name First Name Middle Name

Student ID Number ^N SEVIS No. (F-1 & J-1 visa only) Date of Birth (month/day/year)

Female Single Married, not accompanied by spouse
 Male Single Parent Married, spouse in Riverside
Place of Birth (City and Country) (complete Dependent Form) (complete Dependent Form)
Country of Legal Residence

Local (U.S.) Residential Address:

Street Address Apt. City State and Zip Code

Local Home Telephone No. Work/Campus Telephone No. School Email Address

Permanent Address:

Street Address City

State/Province Postal Code Country Permanent Email Address

Emergency Information Indicate person(s) to notify in case of an illness or emergency:

Within the U.S. _____
Name Relationship

Street Address Apt. City State and Zip Code

Local Home Telephone No. Work Telephone No. Other Telephone (cell, etc.)

Emergency Information (continued):

In Home Country _____		Name _____		Relationship _____	
Street Address _____			City _____		State/Province _____
Postal Code _____	Country _____	Home Telephone No. _____	Work Telephone No. _____	Other Telephone No. _____	

Dependents: If you have a spouse or children who have accompanied you, please complete a Student Dependent Form.

Program Information:

Degree:

<input type="checkbox"/> BA/BS	<input type="checkbox"/> MA/MS	Major _____	Department/School (CHASS/CNAS/COE) _____
<input type="checkbox"/> Non-Degree/EAP	<input type="checkbox"/> MBA		
<input type="checkbox"/> Ph.D			

Immigration Information:

Country Issuing Passport _____	Passport Number _____	Passport Expiration Date (month/day/year) _____	
Date of Entry into the U.S. (month/day/year) _____	Port of Entry (city in the U.S.) _____	I-94 Admission/Departure No. _____	I-94 Expiration Date (D/S for F-1 & J-1) _____
Visa Type <input type="checkbox"/> F-1 <input type="checkbox"/> J-1 <input type="checkbox"/> H-4 <input type="checkbox"/> L-2 <input type="checkbox"/> Other: _____		Visa Expiration Date (month/day/year) _____	

Other Information:

Have you attended U.C. Riverside before? Yes No If yes, during what dates: _____ to _____

Transfer Students:

Were you attending any other university, college or high school within the U.S. during the previous academic year? Yes No If yes, which school: _____
 Name of University/College/High School _____

Name of Advisor or other DSO _____	Telephone No. _____	Email Address of Advisor _____
Date of FIRST entry into the U.S. _____	Major/Degree Earned (if any) _____	

In addition to this form, please attach copies of the following immigration documents:

1. front and back of I-94 card
2. nonimmigrant visa page (in your passport)
3. passport face page (including a copy of the renewal page, if necessary)
4. first and third pages of the stamped I-20 or DS-2019
5. if you were approved for a change of status to your current status, a copy of the approval notice
6. if you transferred from another school, a copy of the 1st and 3rd page of your most recent I-20 from that school