

SEVIS DATA INTAKE FORM

Today's Date: _____

Month/day/year

Last Name: _____ **First Name:** _____

Name you prefer to be called: _____ **Gender:** Female Male

Birthdate: Month _____ Day _____ Year _____ **Citizenship:** _____

Immigration Status: (F, J, other) _____ **Native Language:** _____

Marital Status: (Married or single) _____ **Spouse in U.S.?** _____

Number of children in the U.S. ____ **Other languages spoken:** _____

Religious Preference: _____ **VSU Major:** _____

First semester at Valdosta State University: _____

(Fall, Spring, Summer, Year)

VSU LEVEL (ELI, BACHELOR, MASTER, PH.D.) _____

Do you have any medical conditions of which we should be aware? No Yes

If yes, explain: _____

Local Residence: _____

(Valdosta area) _____

(No P.O. Box) _____

Local Telephone: _____

E-mail: _____

(REMEMBER: You **MUST** get a VSU e-mail account in addition to any accounts you may have.)

Permanent address: _____

In your home _____

country _____

VSU ID Number: __160-00-_____ **Social Security Number:** _____

(IF YOU HAVE ONE. IT IS NOT REQUIRED)

SEVIS # _____ **U.S. driver's License State & #:** _____

Person to notify in case of emergency:

Please list someone in your country.

Name: _____

Relationship to you: _____ **Phone Number:** _____

Address: _____

E-mail: _____

Questionnaire:

How did you first hear about Valdosta State University?

What most attracted you to Valdosta State University?

Additional Information: