REQUIRED INFORMATION FOR APPLICANTS NOW IN THE UNITED STATES ON NONIMMIGRANT VISAS

INSTRUCTIONS TO APPLICANTS IN THE U.S.: All students should complete Section A of this form. You should request the International Student Advisor or Counselor at the school you currently attend or most recently attended to complete Section B. You will not be issued an I-20 or DS20-19 from BSU until this form is completed and returned with the documents requested.

In order for BSU to provide you an I-20, you will need to request your current school’s International Advisor to release your SEVIS record to Bemidji State University. Once you are issued an I-20 or DS20-19 from BSU, you must report to the ISO within 15 days of the beginning of classes to have your transfer processed. If you are not an F-1 or J-1 visa holder, complete Section A only and return the form with the required documentation. All forms should be sent to the address indicated on this form.

SECTION A: INFORMATION FURNISHED BY THE APPLICANT

FULL NAME ______________________________________________________________________

(Family or surname)   (First or given name)   (Middle name)

COUNTRY OF BIRTH _____________________________ COUNTRY OF CITIZENSHIP __________________________

SEMESTER OF INTENDED ENROLLMENT AT BSU: _____________ OF STUDY _____________ SOUGHT_________

MOST RECENT U.S. INSTITUTION ATTENDED _____________________________ from ______ to ________

(Name of Institution)

Place an X next to the visa classification you now hold and attach copies of the documents requested.

_____ F-1 student: Attach copies of your I-94 (both sides) and all I-20’s issued to you.

_____ J-1 student: Attach copies of your I-94 (both sides) and all IAP-66’s issued to you.

_____ Other: Please specify and attach all copies of immigration documentation.

I HEREBY AUTHORIZE THE FOREIGN STUDENT ADVISOR AT THE US INSTITUTION I HAVE MOST RECENTLY ATTENDED TO REVIEW THE INFORMATION PROVIDED ABOVE AND ON THE ATTACHED PHOTOCOPIED DOCUMENT(S) AND TO PROVIDE THE ADDITIONAL COMMENTS REQUESTED IN PART B OF THIS FORM.

Signature ________________________________
SECTION B: FSA REPORT

INSTRUCTIONS TO THE PDSO/DSO AT THE INSTITUTION CURRENTLY OR MOST RECENTLY ATTENDED BY THE APPLICANT. Before filling out Section B, please review the information the applicant has provided in Section A against the records maintained in your office. Please answer the following questions and return the completed form to the address given at the bottom of this page. Thank you.

__________________________________________________________________________________
1. Is the information in Section A (including photocopies of certificates of eligibility) complete and accurate according to records in your office? ______ YES ______ NO
   (If NO, please comment) __________________________________________________________________________
__________________________________________________________________________________

2. Please indicate the date the SEVIS record will be transferred to Bemidji State University: ______

3. To the best of your knowledge, is this student currently in status? ______ YES ______ NO

4. Has the student ever been reinstated to status? ______ If yes. Please indicate the date the reinstatement was approved: __________________________________________

5. If the applicant is in F-1 status, please indicate (from your records) his/her:
   First day of F-1 status __________ SEVIS Number ___________________________
   Dates attended at your institution: From ____________________ To ________________________
   Practical Training authorized by your institution (Please indicate type and specific dates):
   __________________________________________________________________________
   __________________________________________________________________________

6. If the applicant is in J-1 status, please indicate (from your records) his/her:
   First day of J-1 status __________ SEVIS Number ___________________________
   Name of Program Sponsor ___________________________________________________________
   Academic Training Authorized (Specify Dates) __________________________________________
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   Name and Title of PDSO/DSO ______________________________________________________
   Address _______________________________________________________________________
   Telephone ( )____________________________ Fax ( )__________________________________
   Signature _____________________________________________________________________

PLEASE RETURN THIS FORM AND ATTACHMENTS TO:   Cherish Hagen-Swanson, Director
International Program Center, BSU
Deputy Hall 103, #13
1500 Birchmont Drive NE
Bemidji, MN 56601