



**BEMIDJI**  
STATE UNIVERSITY

## International Program Center

### 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 IPC 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.

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**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: \_\_\_\_\_ MAJOR FIELD OF STUDY \_\_\_\_\_ DEGREE SOUGHT \_\_\_\_\_

MOST RECENT U.S. INSTITUTION ATTENDED \_\_\_\_\_ DATE OF ATTENDANCE  
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 \_\_\_\_\_

**(OVER)**

**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.

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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) \_\_\_\_\_

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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):

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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:**

[international@bemidjistate.edu](mailto:international@bemidjistate.edu)  
International Program Center, BSU  
Deputy Hall 103, #13  
1500 Birchmont Drive NE  
Bemidji, MN 56601  
Phone: (218) 755-4096  
Fax: (218) 755-2074