

International Program Center
Bemidji State University #13
Deputy Hall 111
1500 Birchmont Dr NE
Bemidji, MN 56601-2699

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 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 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 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: _____ MAJOR FIELD OF STUDY _____ DEGREE SOUGHT _____

MOST RECENT U.S. INSTITUTION ATTENDED _____ DATE OF ATTENDENCE
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.
_____ 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) _____

 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: _____
 4. 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):

Name and Title of PDSO/DSO _____

Address _____

Telephone () _____ Email _____

Signature _____

PLEASE RETURN THIS FORM AND ATTACHMENTS TO:

Cherish Hagen Swanson, Director
International Program Center,
Bemidji State University #13
Deputy Hall 111
1500 Birchmont Drive NE Bemidji,
MN 56601