



AVC International Student Information Form

Starting Semester/Year: _____ AVC Student ID# (if known): _____

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Country of Birth: _____ City of Birth: _____

Country of Citizenship: _____

Foreign Address: _____

City: _____

Province/State: _____

Country: _____ Postal Code: _____

High School Name: _____ Graduation Date: _____

Name of Last College/University (if any): _____

Dates Attended: _____ Graduated: Yes No

Degree & Major Completed/Attempted: _____

SEVIS ID # (if known): _____ I-94 Admission #: _____

Social Security #: _____ U.S. Driver's License #: _____

State Driver's License Issued: _____

U.S. Address: _____

City: _____ State: _____ Zip: _____

U.S. Telephone #: _____ Cell Phone #: _____

Email Address: _____ TOEFL Exam: Yes No Score: _____

Primary Major: _____ Secondary Major (if any): _____

Financial Information: Student Personal Funds: U.S.\$ _____

Other Source of Funds: U.S.\$ _____

Other Source Type: _____

I certify that the information provided above is true and correct to the best of my knowledge.

Student Signature: _____ **Date:** _____