The information you provide on this form will be used to put you on our data system <u>and</u> to prepare your I-20 Immigration Form, The Certificate of Eligibility for Nonimmigrant (F-1) Student Status.

Please answer ALL questions completely.

## PERSONAL DATA FORM

State University of New York (SUNY)

For International Students intending to study at SUNY Potsdam on Exchange All your documents must bear your name exactly as it is written on your passport and academic records.

|  | 1                    |                   | /           |  |
|--|----------------------|-------------------|-------------|--|
| Family/Last Name   | Given/First N        | Name              | Middle Name |  |
| Date of Birth://   | Sex: Ma              | le Female         |             |  |
| Permanent Mailing Address (Outside U.S.)   |                      |                   |             |  |
| Street   |                      |                   | _           |  |
| City   |                      |                   | _           |  |
| Zip/Postal Code Country _  |                      |                   |             |  |
| Your E-mail Address:   |                      |                   |             |  |
| Home Telephone:  |                      |                   | _           |  |
| Country of Birth   |                      |                   |             |  |
| Country of Citizenship   |                      |                   |             |  |
| Are you a U.S. Citizen? ☐ Yes ☐ No   |                      |                   |             |  |
| Are you a permanent resident of the United States? [   | □Yes □No             |                   |             |  |
| Major/Course of Study  |                      |                   |             |  |
| Period of study:   | g (Jan-May)          | Academic year (Se | pt-May)     |  |
| Home University  |                      |                   |             |  |
| Check here if you wish to identify yourself as physically or Learning Disabled Check here if you wish to indicate that your Native language is not English |                      |                   |             |  |
| If not English, please specify your native language  | _                    | _                 |             |  |
| Date you took or will take the TOEFL (month and year) TOEFL  |                      | FL Score          |             |  |
| Address of relative or friend in the U.S.  |                      |                   |             |  |
| Number Street  |                      |                   |             |  |
| City   |                      | State             | Zip         |  |
| Check appropriate box and indicate name of relative or   | r friend in the U.S. | Relative          | Friend      |  |
|  |                      |                   |             |  |

Please return all forms to:

SUNY Potsdam

Lougheed Center for Applied Learning Lougheed Learning Commons Suite 107 44 Pierrepont Avenue Potsdam, NY 13676-2294 U.S.A.