

Southeast Arkansas College

INTERNATIONAL STUDENT APPLICATION

Name _____			Today's Date _____	
Family Name	First Name	Middle Name		
Seark Student ID Number _____			U.S.A. Social Security Number _____	
Local Address in Pine Bluff or local area:				
Number	Street	City	State	Zip
Local Phone Number _____			E-Mail Address _____	
Address in Home Country _____				
Date of Birth _____ Country of Birth _____ Native Language _____				
_____ Male _____ Female		Marital Status _____ Single _____ Married		
_____ Degree Candidate		Completion Date _____	Major Field: _____	
_____ IEP Student		Completion Date _____	Current Degree Program _____	

To be completed by Married Students only:

Spouse's Family Name _____		Given Name _____		
Does Spouse live in the Pine Bluff or the local area? <input type="checkbox"/> yes <input type="checkbox"/> no				
Number	Street	City	State	Zip
Spouse's Nationality _____			Phone Number _____	
Children? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, do they live in the Pine Bluff Area? <input type="checkbox"/> yes <input type="checkbox"/> no		
Child(ren)'s name(s) _____		age: _____		
_____		age: _____		

Former Student Information: If any members of your family have attended Southeast Arkansas College, please provide the following information

Name _____		Relationship _____		
Address: _____				
Number	Street	City	Zip	Phone Number
What years did the family member attend Seark? _____				

Relative or Friend in the USA: Name _____				
Number	Street	City	Zip	Phone number
Contact in case of Emergency? <input type="checkbox"/> yes <input type="checkbox"/> no				

Parents (or closest Relative): Name _____

Number _____ Street _____ City _____ Zip _____ Phone number _____

Contact is case of an emergency? ____yes _____no

Passport Number _____ Expiration Date _____

Issued by (Country) _____ Date of Issue _____

Country of Residence _____ Country of Citizenship (If different) _____

VISA/Entry Information (All Students)

Visa Number _____ Expiration Date: _____ Place of Issue _____

Visa Type ____ F-1 ____ J-1 ____ Other

Date & Port of Entry into USA _____

Current Non-Immigration Status _____

Arrival at Pine Bluff: ____Directly from Home Country ____Transfer from other U.S. College or University ____Other

F-1 & J-1 Visa Holders

I94 Admission Number _____ Program Completion Date _____

Item 5 on I20, Item 3 on IAP-66

J-1 students only: _____
Agency Issuing AIP-66 (item 2 on AIP-66) _____ Program Number _____

Insurance Statement: I understand Southeast Arkansas College has a mandatory health insurance requirement for all international students. I further understand I must purchase this insurance by the first day of each semester. I authorize the International office to release my name, birth date, current address, and student ID/Social Security number to the insurance provider.

Student's Signature

Date

Release Statement: The Southeast Arkansas College International Office has my permission to release information from my academic record to: Authorized representatives of my sponsor and/or the U.S. Immigration and Naturalization Service.

Student's Signature

Date

For International Office Use Only

- ____ Orientation Advising Given
- ____ Passport & Imm. Docs. Copied/transferred Proc.
- ____ Explained using 1-20/IAP-66 for Travel
- ____ Remind F-1/J1 of Full-time Enrollment Requirement
- ____ Permanent Record Complete Release Signed
- ____ Work Authorization explained
- ____ Insurance Statement signed
- ____ Tax Form Completed
- ____ Special Program

Comments:

ISO Signature

Date