

Arkansas State University Mid-South International Student Supplemental Application

Personal Information:

Please Print

Last Name (Family Name): _____

First Name: _____

Middle Name: _____

Address in your home country: _____

City or Town: _____

Country: _____ Phone number: _____

Passport Number: _____

Expiration Date: _____ Country Where Issued: _____

Country of Citizenship _____ Country of Birth; _____

Marital Status: Single _____ Married _____

Spouse's Name: _____

Father's Name: _____

Living _____ Deceased _____

Father's Address _____

Occupation: _____

Mother's Name: _____

Living _____ Deceased _____

Mother's Address _____

Occupation: _____

If your father is not living, who is the head of your family or your legal guardian?

Number of Dependents _____

Name of Dependent _____

Number of Brothers _____

1. Name _____

Address _____

City or Town _____

Country _____ Phone _____

2. Name _____
Address _____
City or Town _____
Country _____ Phone _____

3. Name _____
Address _____
City or Town _____
Country _____ Phone _____

Number of Sisters _____

1. Name _____
Address _____
City or Town _____
Country _____ Phone _____

2. Name _____
Address _____
City or Town _____
Country _____ Phone _____

3. Name _____
Address _____
City or Town _____
Country _____ Phone _____

Information of Dependents only if they are to be on your I-20:

Family Name	First Name	Date of Birth	Country of Birth	Relationship to F-1

Local – U.S. Information: If you are now in the United States, when did you arrive? Month _____ Day _____ Year _____

Type of Visa: _____ Visa Expiration Date: _____

1-94 Admissions Number _____

Local Address _____

City _____ State _____ Zip _____

Local Telephone Number _____

With whom do you plan to reside while living in the United States?

Name _____

Relationship: _____

Educational Information:

Are you currently enrolled in an English language program, adult school, college or university in the United State? YES _____ NO _____

If so, please give information below: Name of Institution, Location, Dates Attended

Native Language _____

Your TOEFL Score: _____

Date test taken or Scheduled to be taken: _____

Employment Information:

Company Name _____

Occupation _____

Dates of Employment _____

Name of Supervisor _____

Address _____

City or Town _____ Country _____

Phone Number _____

Company Name _____

Occupation _____

Dates of Employment _____

Name of Supervisor _____

Address _____

City or Town _____ Country _____

Phone Number _____

Certification

I have enclosed the fee of \$25.00 with this Application. I understand this fee is non-refundable. I certify that the information on this application is true and correct. I understand that cancellation of my admissions my result if any information is found to be incomplete or inaccurate. All application material and support documents become the property of ASU Mid-South and will not be released.

Signature of Applicant: _____

Date: _____