



# SEVIS Registration Form

The information requested below will be used to generate your Form I-20 in SEVIS. You are required to complete all sections.

**Clearly type or print the information below:**

Please indicate intended semester start year:  Fall 20\_\_  Spring 20\_\_  Summer 20\_\_

Last name (Surname): \_\_\_\_\_

First name (Given name): \_\_\_\_\_

Middle name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Sex (F/M): \_\_\_\_\_

City of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Passport Issuing Country: \_\_\_\_\_

Passport Expiration Date (mm/dd/yyyy): \_\_\_\_\_

I-94 Admission Number (11 digits – only if currently in the US): \_\_\_\_\_

***Permanent residential address in home country:***

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/Territory/State: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

***If in the United States, permanent residential address in the United States:***

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_