

# VISA INFORMATION FORM

Please complete the following questions:

1. Country of Birth\_\_\_\_\_Date of Birth:\_\_\_\_\_
2. Country of Citizenship\_\_\_\_\_
3. List Languages you speak\_\_\_\_\_
4. *Do you plan to take the TOEFL Test?*      Yes\_\_\_\_\_      No\_\_\_\_\_
5. Current Visa Type\_\_\_\_\_ Issue Date\_\_\_\_\_ Expiration Date\_\_\_\_\_
6. Information about Dependents you wish included on your I-20.

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

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**Printed Name**

**Signature**