

**Summer School
International Student Information Form**

(Please type or print very clearly; attach a copy of your visa, passport, and I-20 or DS-2019 Certificate of Eligibility)

DEMOGRAPHIC INFORMATION

Family Name	First Name	Middle Name

Permanent Street Mailing Address (No P.O boxes)

City	Province or State	Country	Postal Code

Telephone Number (with country/area code)	Email Address

Country of Citizenship	Country of Legal Permanent Residence

Date of Birth:

Month	Day

Year	

City of Birth

Country of Birth

Gender: Male Female Marital Status: Single Married

VISA INFORMATION

What is your visa type? _____

What is the name of the US school sponsoring your visa? _____

When does your I-20 Certificate of Eligibility for an F-1 Student Visa or DS-2019 Certificate of Eligibility for Exchange Visitor J-1 Status expire? Date: _____

COURSE REGISTRATION

COURSES					CLASS TIME	
Department Number	Course Number	Department Name	Lab	Units	Meeting Days	Meeting Time
<i>Example:</i> L34	209	AFAS	no lab	3	MTuWThF	1:00-2:45 p.m.
Course 1:						
Course 2:						

HOUSING

Will you require on-campus housing? Yes No

If no, what is your local address while attending courses?

I certify that the information above is complete and correct and that I have paid all program fees charged to me by Washington University. I understand that I must have sufficient funds to meet any expenses that are not covered by the tuition.

Signature: _____ Date: _____