

Please print. Answer all questions completely

1. Name: _____ Date of Birth: _____
Family Name / First Name / Middle Name

2. USA Address: _____
Street / City / State / Zip Code

3. Home Phone Number: _____ Male Female

4. Married Single If married, is your family with you? Yes No

5. Social Security Number (Last 4 digits, if any): _____

6. Driver's License Number (if any): _____
Please attach photocopy.

7. Issuing State of Driver's License: _____ Tax ID Number (if any): _____

8. Country of Birth: _____ Country of Citizenship: _____

9. Foreign Address: _____

10. U.S. Entry Port (name of airport): _____ Date of Entry: _____

11. Immigration and Naturalization ID Admission Number: _____
From your I-94

12. Passport Number: _____ Visa Number: _____

13. Visa Type Admission: Single Multiple

Type of Visa: F-1 F-2 B-1 B-2 Other _____
Specify

14. Are you presently residing in the U.S.? Yes No

15. Visa Issue Date: _____ Date I-20 Expires: _____

16. Principal field of study: _____

17. Are you covered by a personal health insurance or medical/surgical policy? Yes No

18. Please list ALL colleges or universities attended (in U.S. or elsewhere) and the dates attended

College: _____ Date: _____

College: _____ Date: _____

19. Source of Support: a. Relative abroad b. Relative in U.S. c. Friend abroad d. Friend in U.S.
 e. Government scholarship f. Personal funds g. Other _____
Specify

20. Give the name, address and telephone number of your United States sponsor, if any:

Name: _____
Family Name / First Name / Middle Name

Address: _____
Street and Apt. Number / City / State / Zip code

Telephone number, if known: Day: _____ Evening: _____

21. Give the name, address and telephone number of a person (i.e., friend, relative) living in the United States, if any, whom we could contact regarding your application:

Name: _____
Family Name / First Name / Middle Name

Address: _____
Street and Apt. Number / City / State / Zip code

Telephone number, if known: Day: _____ Evening: _____

22. Give the name, address and telephone number of the person to whom your I-20 should be mailed:

Name: _____
Family Name / First Name / Middle Name

Address: _____
Street and Apt. Number / City / State / Zip code

Telephone number, if known: Day: _____ Evening: _____

I UNDERSTAND THAT I MUST NOTIFY THE COLLEGE WHEN ANY OF THIS INFORMATION CHANGES.

Please signify, by your signature below, that you understand that prior to leaving Middlesex College because of transfer to another college or university or because of permanent departure from the United States, YOU MUST INFORM THE OFFICE OF THE FOREIGN STUDENT ADVISOR OF YOUR INTENDED DATE OF DEPARTURE AND SPECIFIC TRAVEL PLANS.

Signature: _____ Date: _____

Middlesex College
Admissions and Recruitment
2600 Woodbridge Avenue, Edison, NJ 08818-3050
T: 732.548.6000