INTERNATIONAL STUDENTS (Undergraduate)

**Application for I-20 Certificate of Eligibility**

**(Biographical Data Form)**

Please complete this form & Certification of Finances form and return the completed forms and financial documentation to:

ATTN: Mir “Subhan” Ali

 **Skidmore College**, Student Academic Services

 815 North Broadway, Saratoga Springs, NY 12866, U.S.A.

Tel #: 518-580-8150

 Fax #: 518-580-8149

 e-Mail: **f1visa@skidmore.edu**(f one visa @ skidmore. edu)

**Biographical Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family/Surname/Last Name** (as it appears on your passport)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First or Given Name Middle Name

Gender: (male) (female) (other)

Date of Birth (**month/day**/**year**):

 (Month - write Jan, Feb, Mar, etc.)

City of Birth:

Country of Birth:

Country of Citizenship:

(If Dual citizenship, note both countries and indicate which passport you will use to enter the U.S.):

Country of Legal Residence (if different):

Permanent Residential Address (complete address):

|  |
| --- |
| Street Name & #: Bldg/Apt #: |
| District/Locality:  |
| City/Town/Village: State/Province:  |
| Country: Postal Code:  |

Mailing Address (if different from above and until what date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Postal Code**:

**Permanent E-mail**:

Cell Phone (include country code):

Do you have a valid passport (not expired)? Yes No

**Are you presently in the U.S.?** Yes No

**Are you presently attending a U.S. College/High School?** Yes No

Telephone number in the U.S.

If you are presently in the U.S., please indicate your present visa status as noted on your I-94 (e.g., F-1, A-2, J-2, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach a copy of your I-94 and visa. If you are an F-1 student also attach a copy of your I-20)

Do you plan to retain this status? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Do you plan to leave the U.S. before beginning at Skidmore? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

If ‘Yes’ please provide dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Native Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (include country code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different from above):

Language(s) spoken: