UNIVERSITY of ST. THOMAS HOUSTON

Office of International Student and Scholar Services

F-1 GRADUATE
INFORMATION FORM

Please attach passport size photo here

BIOGRAPHICAL INFORMATION

(Circle one): MAFC MA/PhD/Philosophy MAT MA/Theology MBA MCTM MDIV M.Ed MIB MLA MSA • MSF •

1. **NAME**: _____
(Surname) (First) (Middle)

2. **PERMANENT FOREIGN ADDRESS**: _____
(Street and Number)

_____
(City) (State/Province) (Country) (Postal Code)

TELEPHONE_____

3. **COUNTRY OF CITIZENSHIP**: _____ **COUNTRY OF BIRTH**: _____ **DATE OF BIRTH**: _____
(mm/day/year)

4. **LOCAL (U.S.) ADDRESS**: _____
(Street & Number)

_____ **TELEPHONE**: _____
(City) (State) (Zip)

5. **EMAIL ADDRESS**: _____

IMMIGRATION INFORMATION*

6. **PASSPORT NUMBER**: _____ **EXPIRATION DATE**: _____

Have you ever been to the U.S.? • Yes No **If yes, when and for what purpose?** _____

If YOU ARE CURRENTLY IN THE U.S., INDICATE TYPE OF VISA AT ENTRY: _____

DATE OF ENTRY: _____ **VISA EXPIRATION DATE**: _____

7. **SCHOOL/UNIVERSITY INFORMATION**:

NAME OF LAST SCHOOL ATTENDED _____

_____
(Street & Number) (City) (State) (Zip)

8. **HOSPITALIZATION INSURANCE VALID IN THE UNITED STATES IS REQUIRED OF ALL INTERNATIONAL STUDENTS**.

a. **Do you have Hospitalization Insurance valid in the United States?** • Yes • No

If yes, name and address of the company: _____

Telephone: (_____) _____
You are required to have valid health insurance prior to attending UST,

b. **If under the age of 21, have you met the bacterial meningitis immunization requirement?** Yes No
If not, please see the Health Promotion and Wellness department for more information.

Signature :_____ **Date:**_____

** **NOTE**: STUDENTS WHO ARE ACCEPTED TO ATTEND THE UNIVERSITY OF ST. THOMAS AS F-1 STUDENTS MUST OBTAIN THE REQUIRED CERTIFICATE OF ELIGIBILITY (FORM I-20) FROM THIS UNIVERSITY EVEN IF TRANSFERRING FROM ANOTHER UNIVERSITY WITHIN THE UNITED STATES.*

Revised 01/13/2012