

College of Graduate Studies and Research

Whitt Hall; P O Box 6928 Radford, VA 24142 Phone 540-831-5431 Fax 540-831-6061 Email gradcollege@radford.edu

SUPPLEMENTAL INTERNATIONAL STUDENT APPLICATION Mandatory SEVIS Compliance Information

L.	Student Name						
	(Exactly as it appears on your passport.)		Last (Family/S	Surname) First (Given N	lame)	Middle
2.	Preferred Mailing Address (Used for mailing of an admission decision and immigration documents.)						
3.	Home Country Address (Required – if same as Preferred Mailing Address, please indicate so.)						
1.	Home Country Telephone	_					
5.	Birth City, Country			6.	Country of Legal Ro	esidence	e
7.	Are you presently in the U.S.? (If no, proceed to question 10.)	Yes No			s your current visa? did you first arrive ii		
10.	Are you requesting an I-20 from Radford University?	Yes No		Do you a SEVIS	currently have	Month /	Don't know
12 .		Yes No	13.	If so, w	hat institution?		
L4.	Will you have dependents accompanying you?	Yes No		city of	please list the full na birth, country of bir member:	=	it appears on a passport), elationship of each

Last Name (Family/Surname)	First Name (Given Name)	Middle Name	Birthdate (M/D/YY)	Birth City	Birth Country	Relationship