

College of Graduate Studies College of Graduate Studies 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

1.	Student Name						
	(Exactly as it appears on your passport.)	Last (Family/Surname)	First (Given Name)	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.)						
4.	Home Country Telephone						
5.	Birth City, Country	6. Cou	ntry of Legal Residence _				
7.	Are you presently in the U.S.? Ores (If no, proceed to question 10.)		r current visa? ou first arrive in the U.S. (
10	Are you requesting an I-20 from Radford University?	11. Do you curr a SEVIS I-20		ay / Year Don't know O			
12.	Are you transferring directly from a U.S. institution?	13. If so, what i	nstitution?				
14.	Will you have dependents accompanying you?	city of birth,	If yes, please list the full name (as it appears on a passport), city of birth, country of birth and relationship of each family member:				

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