



INTERNATIONAL STUDENT DATA SHEET

Name:		ULID:(Example: C0001234		S ID:	
Date of Birth: Sex: Male Female Native language: Country of Birth: Country of Birth: Country of Citizenship: Sex: Male Female Native language: Country of Birth: Country of Citizenship: Country of Birth: Country of Citizenship: Sex: Male Fenale Sex: Male Female Native language: Country of Birth: Country of Citizenship: Sex: Male Fenale Sex: Male Fenale Native language: Country of Citizenship: Sex: Male Fenale Se	Name:				
Country of Birth: Country of Birth: Country of Citizenship: Visa type: (Circle ONE) F-1 J-1 H-1 E-1 L-1 R-1 Other: F-2 J-2 H-4 E-2 L-2 (Please specify) First Semester at UL Lafayette: (Semester/Year) Education Level: (Circle One): Bachelor's Master's Doctorate Sponsor: (if applicable) Did you transfer from a U.S. school? Yes No If yes, list school here: Local Telephone Number: (Area Code) (Phone number) Off-campus Mailing Address: (Street Address) (City) (State) (Zip Code) Home Country Address: (Street Address) (City) (State) (Zip Code) Person to contact in case of emergency (U.S.): Name: (Family Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) (First Name) Relationship: Telephone Number: (First Name)					(Middle Name)
Country of Birth: Country of Birth: Country of Citizenship: Visa type: (Circle ONE) F-1 J-1 H-1 E-1 L-1 R-1 Other: F-2 J-2 H-4 E-2 L-2 (Please specify) First Semester at UL Lafayette: (Semester/Year) Education Level: (Circle One): Bachelor's Master's Doctorate Sponsor: (if applicable) Did you transfer from a U.S. school? Yes No If yes, list school here: Local Telephone Number: (Area Code) (Phone number) Off-campus Mailing Address: (Street Address) (City) (State) (Zip Code) Home Country Address: (Street Address) (City) (State) (Zip Code) Person to contact in case of emergency (U.S.): Name: (Family Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) (First Name) Relationship: Telephone Number: (First Name)	Date of Birth:	Sex: N	Male Fema	le Native	language:
Visa type: (Circle ONE) F-1 J-1 H-1 E-1 L-1 R-1 Other: F-2 J-2 H-4 E-2 L-2 (Please specify) First Semester at UL Lafayette: (Semester/Year) Major: (Genester/Year) Major: (If applicable) Did you transfer from a U.S. school? Yes No If yes, list school here: Local Telephone Number: (Area Code) (Phone number) (Room Number) Off-campus Mailing Address: (Street Address) (City) (State) (Zip Code) Person to contact in case of emergency (U.S.): Name: (Family Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) Relationship: Telephone Number: (Country Code/City Code - if required) (Phone Number) Are you married? Yes No Is your spouse in Lafayette, LA? Yes No Are you children? Yes No Are your children in Lafayette, LA? Yes No	(Month/day,	/year)			
F-2 J-2 H-4 E-2 L-2 (Please specify) First Semester at UL Lafayette:	Country of Birth:		Country of Ci	tizenship:	
Education Level: (Circle One): Bachelor's Master's Doctorate Sponsor:	Visa type: (<u>Circle ONE</u>)			R-1 Other:	
Did you transfer from a U.S. school? Yes No If yes, list school here: Local Telephone Number:	First Semester at UL Lafay	ette:(Semester/Ye	Maj	or:	
Local Telephone Number: Carea Code (Phone number) Personal E-mail: (Not UL email - Please print clearly living on-campus, name of Residence Hall: (Room Number)	Education Level:(Circle Or	e): Bachelor's	Master's Doctor	rate Sponsor:	(if applicable)
Country Address: City Country Country Country Country Country Country Country Country Country City Country City Country City Country City Country City Country City Country City Country Count	Did you transfer from a U.S	S. school? Yes	No If	yes, list school here:	
Off-campus Mailing Address: (Street Address) (City) (State) (State) (Zip Code) Home Country Address: (Street Address) (City) (Country) (Zip Code) Person to contact in case of emergency (U.S.): Name: (Family Name) (First Name) Person to contact in case of emergency (Home Country): Name: (Family Name) (Family Name) (First Name) Relationship: Telephone Number: (Family Name) (First Name) Relationship: Telephone Number: (Country Code/City Code - if required) (Phone Number) Are you married? Yes No Is your spouse in Lafayette, LA? Yes No Do you have children? Yes No Are your children in Lafayette, LA? Yes No No Do you have children? Yes No Are your children in Lafayette, LA? Yes No Do you have children?	Local Telephone Number:	(Area Code) (Phone n	Perso	nal E-mail:	(Not UL email - Please print clearly)
Home Country Address: (Street Address) (City) (State) (Zip Code) Home Country Address: (Street Address) (City) (Country) (Zip Code) Person to contact in case of emergency (U.S.): Name: (Family Name) (First Name) Relationship: Telephone Number: (Area Code) (Phone Number) Person to contact in case of emergency (Home Country): Name: (Family Name) (First Name) Relationship: Telephone Number: (Country Code/City Code - if required) (Phone Number) Are you married? Yes No Is your spouse in Lafayette, LA? Yes No Do you have children? Yes No Are your children in Lafayette, LA? Yes No	If living on-campus, name	of Residence Hall:		(Room Number)	
City Country Cip Code	Off-campus Mailing Addre				(Zip Code)
Person to contact in case of emergency (<u>U.S.</u>): Name:	Home Country Address:			(C	(7:- C. I.)
Relationship: Telephone Number:	Parson to contact in case of	,	` • ′	`	
Person to contact in case of emergency (Home Country	reison to contact in case of	emergency (<u>v.s.</u>)	(Far	nily Name)	(First Name)
Person to contact in case of emergency (Home Country	Relationship:		Telephone Numbe	r:	
Relationship: Telephone Number:				(Area Code)	(Phone Number)
Are you married? Yes No Is your spouse in Lafayette, LA? Yes No Do you have children? Yes No Are your children in Lafayette, LA? Yes No	Person to contact in case of	emergency (Hom	e Country): Name:	(Family Name)	(First Name)
Do you have children? Yes No Are your children in Lafayette, LA? Yes No	Relationship:		Telephone Number	Country Code/City C	Code – if required) (Phone Number)
Do you have children? Yes No Are your children in Lafayette, LA? Yes No	Are you married? Ye	es No	Is your spouse i	n Lafayette, LA?	Yes No
I certify that the above information I have provided is <u>true</u> to my knowledge & <u>satisfies</u> USCIS data collection procedi			• •	<u> </u>	
	I certify that the above inforn	nation I have provid	ded is <u>true</u> to my know	vledge & <u>satisfies</u> USC	IS data collection procedur
Signature: Date (MM/DD/YYYY):	Signature:			Date (MM/DD/YY	YY):





Student Exchange and Visitor System (SEVIS)

F-1 Student Regulations:

- 1. I will maintain my status as a full-time student by taking 12 credit hours (undergraduate) or 9 credit hours (graduate), each semester (Fall/Spring), except the final semester.
- 2. I was informed I could not drop below 12/9 credit hours each semester (Fall/Spring), as this will make me out-of-status.
- 3. During the summer session, I can go to school and take classes (number of hours does not apply) or work (40 hours). However, if I enroll for the first time during summer as an initial entry, I have to take a minimum of 6 credit hours.
- 4. I am not allowed to take online courses that account for more than 3 credits per semester.
- 5. I cannot work off-campus without USCIS authorization.
- 6. My SEVIS I-20 will be kept valid at all times. If it expires, I understand I have to apply for reinstatement since I will be out-of-status. Applying for reinstatement does not guarantee that I will be back in-status. My status begins as an initial student.
- 7. I will maintain my status to qualify for any benefits of the SEVIS I-20.
- 8. SEVIS I-20 are only issued for:
 - a. Change of major
 - b. Change of level
 - c. Change of funding
 - d. Extension (need to bring to OIA 45 days before date expires)
 - e. Adding spouse/child funding will change
 - f. Wrong name/date of birth
- 9. SEVIS requires that I inform OIA and USCIS (use Form AR-11) of change of address and a new phone number (whenever that happens) within 10 days. After 10 days my file with USCIS will be classified as inactive. Inactive means out-of-status and is a USCIS violation and subjected to deportation.
- 10. Extension of SEVIS I-20 is only issued for a student who is maintaining status and has applied prior to the program end (must bring in the SEVIS I-20AB 45 days before it expires).
- 11. Extension cannot be given if the delays in completion of studies are caused by academic probations and suspensions.
- 12. I need to get my SEVIS I-20 signed 2 weeks before I leave the country to re-enter. This does not apply if you have violated USCIS rules and regulations or if you are academically ineligible to re-enter.

I have read and was explained the above on the U.S. Citizenship and Immigration Services rules and regulations and will comply with them during the duration of my stay at the University of Louisiana at Lafayette.

Acknowledgment of receipt of F-1 student Regulations:				
Name (please print)	ULID			
 Signature	Date			