

International Exchange/Visiting Student Information Form

Please have the student fill out this form. Please do not forget to sign.
Submit this form by August 30 for Spring Semester or January 31 for Fall Semester.
When complete, please email it to c-gonzalez2@neiu.edu

STUDENT INFORMATION

Last Name (Surname)

First Name (Given Name) Middle
Name

Gender Female Male

Date of Birth (MM/DD/YYYY)

City of Birth

Country of Birth

Country of Citizenship

Country of Legal Permanent
Residence

Permanent Address

(City)

(Province/Territory)

(Postal Code)

(Country)

Home Phone +Country Code(City Code)

Email Address:

Do you currently have a valid Passport: Yes No

SCHOOL INFORMATION

Name of your Home Institution

Academic Status Undergraduate Graduate

Beginning of this semester I will be a.... 2nd Year Student 3rd Year Student 4th Year Student 5th Year Student

Major

I am Applying for 5-month Program: Fall Semester _____(yr)

5-month Program: Spring Semester _____(yr)

10-month Program: Fall & Spring or Spring & Fall _____ - _____(yr)

I certify that the information furnished above is complete and accurate. I understand that withholding information requested on this form or giving false information may make me ineligible for admission to the program or subject to dismissal.

Student's Signature: _____

Date: _____

MM/DD/YYYY