

# INTERNATIONAL STUDENT DATA (ISD) FORM



This form is required of international applicants who are not citizens or permanent residents of the United States. Note: Applicants who intend to maintain or apply for F-1 visa status are required to complete page 2 of this form.

Which program of Antioch University are you applying to? \_\_\_\_\_ Term/Year \_\_\_\_\_

**OFFICIAL NAME EXACTLY AS IT APPEARS IN PASSPORT**

Family \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other name used:

Family \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Gender: \_\_\_ Male \_\_\_ Female

City and Country of birth \_\_\_\_\_ Country or countries of Citizenship \_\_\_\_\_

If you hold dual citizenship, which country's passport will you use to travel? \_\_\_\_\_

Permanent address outside of the U.S. \_\_\_\_\_ street \_\_\_\_\_

city state/province country postal code telephone

**Address to which Form I-20 should be mailed, if different from permanent address above**

Today's date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ The following address is valid until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year month day year

\_\_\_\_\_ street \_\_\_\_\_

city state/province country postal code telephone

Have you ever applied for lawful permanent resident status in the U.S.? \_\_\_\_\_ If Yes, please attach documentary evidence.

If you have previously been or currently are in the U.S., list all visa statuses you have held, starting with the current or most recent.

Visa type	Period of stay	Name of school or employer
	/ / to / /	
	/ / to / /	
	/ / to / /	

If your current visa status is not "F-1," enter the last day you are authorized to stay in the U.S., as shown on your *Form I-94, Arrival/Departure Record*: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Do you plan to apply for the F-1 visa? \_\_\_\_\_  
month day year

Do you plan to travel abroad prior to enrollment? \_\_\_\_\_

Dates of travel: Depart: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Return: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year month day year

Check here if you're currently attending or have attended another SEVIS-approved school, or if you are engaging in or have completed Optional Practical Training (OPT). In order to maintain your current F-1 status, you must ask your school to release (i.e., transfer out) your SEVIS record to Antioch University within 60 days of completion of your academic program.

Date of anticipated transfer release \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration date of F-1 visa in passport \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year month day year

Check here if you have dependents (spouse and/or children) accompanying you to the U.S. On a separate sheet of paper, provide each dependent's complete passport name, date of birth, country of birth and citizenship, and relationship to you.

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You will need to prepare a second set of these documents for your visa application at the U.S. Embassy or Consulate.

## **THIS SECTION MUST BE COMPLETED BY THE APPLICANT**

Family \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

You must enter the amount in U.S. Dollars available for your support from each source. If you have a loan and/or scholarship, attach documentary evidence to this form, or indicate the approximate date you will send it by email it to [studentservices.ausb@antioch.edu](mailto:studentservices.ausb@antioch.edu) (for Antioch University Santa Barbara) or [edacanay@antioch.edu](mailto:edacanay@antioch.edu) (for Antioch University Los Angeles).

Personal funds _____	\$ _____
Family sponsor _____	\$ _____
Other sponsor: _____	\$ _____
Loan from _____	\$ _____
Scholarship from _____	\$ _____
<b>Total financial support available:</b>	\$ _____

I certify that I have access to the funds necessary to pay all estimated school and living expenses, including travel to and from the U.S. I will be able to pay to pay for tuition, fees and books owed to the University on the day I register for courses.

## **THIS SECTION MUST BE COMPLETED BY THE PERSON LISTED AS “FAMILY” OR “OTHER” SPONSOR**

(For multiple sponsors, please print and complete page 2 of this form for each sponsor.)

I certify that I will provide the amount of funds stated above to the applicant for the purpose of full-time study at Antioch University.

Name of sponsor (print) \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Address of sponsor \_\_\_\_\_

Signature of sponsor \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

## **THIS SECTION MUST BE COMPLETED BY THE OFFICER OF THE BANK OR FINANCIAL INSTITUTION**

This is to certify that \_\_\_\_\_ has funds necessary to meet the educational cost of attendance listed above. This certificate does not constitute a statement of liability on my part, or on the firm, bank, or institution, that I represent.

Name of officer \_\_\_\_\_

Title \_\_\_\_\_

Name of organization \_\_\_\_\_

Address of organization \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Signature of officer \_\_\_\_\_

Required: organizational seal or stamp here

Date \_\_\_\_\_