

TEXAS SOUTHERN UNIVERSITY

Office of Enrollment Services

3100 Cleburne Street, Houston, Texas 77004

(713) 313-7896

<http://em.tsu.edu/internationalstudents.htm>

Student and Exchange Visitor Information System (SEVIS) Form

PLEASE COMPLETE THE FOLLOWING INFORMATION

Please print

Date: _____
Month Day Year

Name: _____
Last First Middle

Passport number: _____ Passport expiration date: _____ I-94 number: _____
Month Day Year

Date of birth: _____ Social security number/Student number: _____ - -
Month Day Year

Telephone: (_____) E-mail: _____ @ _____

US address: _____ Apt# _____
Street

_____ *City State Zip Country*

Permanent foreign address: _____
Street

_____ *City State Zip Country*

Date of visa issuance: _____ Visa type: _____
Month Day Year

Visa number: _____ Visa expiration date: _____
Month Day Year

Port of entry: _____ Date of entry: _____
Month Day Year

Country of birth: _____ Country of citizenship: _____

Education level: _____ Primary major: _____

Personal funds: _____ Employment: Yes No (If yes) _____

Practical training: CPT OPT Economic hardship Begins: _____ Ends: _____
Month Day Year Month Day Year

List all dependents (all that are in the US with student)

Passport number: _____ Passport expiration date: _____ I-94 Number: _____
Month Day Year

Name: _____ Relationship: _____
Last First Middle

Date of birth: _____ Country of birth: _____ Country of citizenship: _____
Month Day Year

(Please add new pages if extra space is needed)

(Please attach affidavit of support)

Student Name

Student Signature

For office use only

Date received: _____ Received by: _____ Hold removed: Yes No
Month Day Year

Comments: _____