



Millersville University

OFFICE OF INTERNATIONAL PROGRAMS AND SERVICES

# International Students/Scholars INFORMATION SHEET

This form is required per Millersville University policy and is critical in the event of an emergency. Please submit a copy of your passport, visa, I-94, I-20/DS-2019, and proof of health insurance with this form.

First Name, Middle Initial		Last Name		M Number
Millersville Email	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm-dd-yyyy)	SEVIS #	
Personal Email			Telephone	
Permanent Address in Home Country (Street, City, State, Zip Code, Country)				
Current U.S. Address (Street, City, State, Zip Code)				
On-Campus Building and Room # (if living on campus)		Port of Entry Location and Date		
Country of Birth		Country of Citizenship		

## EMERGENCY CONTACTS

Name of Emergency Contact #1		Relationship to You (Mother, Brother, Aunt, ...)		
Home Address (Street, City, State, Zip Code, Country)				
Email Address		Mobile Phone		Home Phone
Name of Emergency Contact #2 (if available)		Relationship to You (Mother, Brother, Aunt, ...)		
Home Address (Street, City, State, Zip Code, Country)				
Email Address		Mobile Phone		Home Phone

## FOR OFFICE USE ONLY

<input type="checkbox"/> copy of passport	<input type="checkbox"/> copy of visa	<input type="checkbox"/> copy of I-94	Initial and Date: _____
<input type="checkbox"/> copy of I-20/DS-2019	<input type="checkbox"/> proof of health insurance		