

# 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	
		Student ID 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 (if applicable), 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	

<b>EMERGENCY CONTACTS</b>		
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

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