



Delaware State University, 1200 North

Dupont Highway, Dover, De 19901

Office Of international Student Services, Grossley Hall, 115A

INTERNATIONAL STUDENT REGISTRATION FORM

DATE _____ D# _____

Name: _____
(Last) (First) (Middle)

Local Address: _____
Street Apt # Name of Apt. Complex

_____ City State Zip code

Local Telephone Number: () _____ Gender: Male _____ Female _____

Date of Birth: _____ Place of Birth _____ Social Security # _____

Martial Status: Single _____ Married _____ Divorced _____ Widowed _____

Country of Citizenship _____ Permanent Address _____

Native Language: _____

Academic Status: _____ Undergraduate Student _____ Graduate Student
_____ PhD

Major: _____ Degree Sought: _____

Term you begin your matriculation at DSU: Fall _____ SP _____ Sum _____

Your Expected Date of Graduation: _____

Financial Support:

_____ Sponsor () Parent () Relative Check One

_____ Personal Funds

_____ Scholarship or loan from your home government - Name of Agency _____

_____ Scholarship Athletic/Academic (circle one)

_____ Scholarship or loan from private agency -Name of Agency _____

Continue to Page 2 →

If you have attended other colleges or universities in the U.S., please give the name and location of the last institution you attended: _____

Did you receive a degree at this institution? () Yes () No If yes, what degree? _____

What type of visa did you hold while in attendance at this institution? _____

Type of visa you presently hold: _____(F-1) _____(Other)

Date (Visa) Expires: _____ Visa Number: _____

Date (Passport) Expires: _____ Passport Number: _____

Date You First Entered the U.S. _____ Did your spouse/children accompany you? ___

If yes, Name of spouse _____ If yes, name of child(ren) _____

In case of emergency, name of Contact person in U.S. : _____

Address of Contact person in U.S. : _____

In case of emergency, name of Contact person in your home country: _____

Address of Contact person in your home country: _____

Phone number of Contact person in your home country: _____

() I currently hold _____ Health insurance.

() I will enroll in DSU's Health Insurance.

HOBBIES AND/OR INTEREST

1. _____

2. _____

Email: _____

(PLEASE PRINT LEGIBLY)