



Delaware State University, 1200 North
Office Of International Student Services, Grossley Hall, 115A

Dupont Highway, Dover, De 19901

INTERNATIONAL STUDENT REGISTRATION FORM (EXCHANGE PROGRAM)

DATE _____ D# _____

Name of your University in your home country: _____

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 _____

Martial Status: Single _____ Married _____ Divorced _____ Widowed _____

Country of Citizenship _____ Permanent Address _____

Native Language: _____

Academic Status: _____ Exchange Student _____ Other

Major: _____ Exchange Program: _____

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

Your Expected Date of departing the U.S.: _____

Financial Support:

_____ Sponsor () () Parent () Relative) Check One

_____ Personal Funds

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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 attend any other exchange programs in the U.S. ___Yes ___No.

If yes, what university did you attend? _____

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: _____

HOBBIES AND/OR INTEREST

1. _____

2. _____

Email: _____

(PLEASE PRINT LEGIBLY)