

# SEVIS Registration Form

**All fields are required unless otherwise indicated. Please print neatly.**

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_  
*Last Name First Name Middle Name Class Year*

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_  
*(MM/DD/YYYY)*

SEVIS ID #: **N00** \_\_\_\_\_ Colgate ID #: \_\_\_\_\_ US Cell Phone: \_\_\_\_\_

Home Phone (w/country code): \_\_\_\_\_  I do not have any telephone number

Colgate Email: \_\_\_\_\_ **Alternate Email (required):** \_\_\_\_\_

Colgate Address: Dorm: \_\_\_\_\_ Room# \_\_\_\_\_ CU Box# \_\_\_\_\_

Off-Campus Residence (if applicable): \_\_\_\_\_

Complete Foreign (Home) Address: \_\_\_\_\_

\_\_\_\_\_  
*City Province/Territory/State Country zip code*

## PASSPORT, VISA, IMMIGRATION INFORMATION (Visa not applicable to Canadian Students)

\_\_\_\_\_  
*Passport # Passport Expiration Date (MM/DD/YYYY) Passport Issuing Country*

\_\_\_\_\_  
*Visa number (usually red 8-digit number) Visa Expiration Date (MM/DD/YYYY) Country where Visa was issued*

\_\_\_\_\_  
*I-94 Admission Number (www.cbp.gov/i94) Port of Entry Latest Date of Entry (MM/DD/YYYY):*

**Has any of the following information changed since the last SEVIS Registration (YES / NO)? If yes, check all that apply:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Name                 | <input type="checkbox"/> US Cell Phone | <input type="checkbox"/> Visa            |
| <input type="checkbox"/> Class Year           | <input type="checkbox"/> Home Phone    | <input type="checkbox"/> Home Address    |
| <input type="checkbox"/> Off-Campus Residence | <input type="checkbox"/> Passport      | <input type="checkbox"/> Other (Specify) |

## ACADEMIC AND PROGRAM INFORMATION

Has any information on your I-20 changed? ( YES / NO ) If yes, check all that apply and provide relevant information.

- Major  
Declared Major: \_\_\_\_\_
- Declared Second Major: \_\_\_\_\_ Minor: \_\_\_\_\_
- Program End Date (must be a graduation date) New Program End Date: \_\_\_\_\_
- Financial Information  
Specify: \_\_\_\_\_
- Name
- Other: \_\_\_\_\_

Additional Information: \_\_\_\_\_

## STUDY ABROAD PLANS

Do you plan to study abroad next semester? (Choose one) YES / NO

If yes, when and where: \_\_\_\_\_

If you are planning to study abroad you should meet with OISS and Off-Campus Study **early** in the process to discuss any potential implications for your US visa status and the visa application process for your destination country.

## **SENIORS ONLY (For seniors only)**

**60-day Grace Period:** Your “grace period” is the 60-day period of time counted from the date of your graduation. During your grace period you can either: (1) apply for Optional Practical Training employment authorization, (2) transfer your SEVIS record to another university to start a new academic program, or (3) depart the U.S.

Please check all that apply:

- Plan to apply for OPT to work in the US after graduation (Job offer is not needed)  
*Please be advised that the application process takes up to three months. Discuss your plan with an OISS adviser.*
- Plan to transfer to another university to start a new academic program
- Depart the U.S.
- Other (Please specify): \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Include country code if international number)

Email (if any): \_\_\_\_\_ Primary language spoken: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City Province/Territory/State Country zip code

**All F-1 students are required to report any changes in the above information to the Office of International Student Services (OISS) within 10 days of the change. Also, F-1 students are required to review, understand, and follow all immigration regulations pertaining to F-1 visa status.**

### **Student Certification:**

*I understand that I am responsible for reporting any changes to the items listed on this form to the OISS within 10 days of the change. I have read, understood, and will follow all immigration regulations applicable to my status. I understand that I am responsible for my own immigration status and that failure to comply with all applicable immigration regulations could result in negative consequences on my current status and/or all future applications for visas or immigration benefits.*

Student's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**FOR OISS USE ONLY:**

Date received	SEVIS Registered	Banner Entry
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