



CCBC INTERNATIONAL STUDENT
PERSONAL DATA SHEET

Biographical Information

___ Male ___ Female ___ Single ___ Married

Last Name _____ First Name _____ Middle Name _____

CCBC ID _____ Date of Birth ___/___/___ Birth City _____
mm dd yyyy

Country of Birth _____ Country of Citizenship _____ Program of Study _____

Physical Address in Home Country: Number and Street _____

PO Box # _____ City _____ Province/Territory _____

Postal Code _____ Country _____ E-mail _____

Phone (including all country and city codes) ____/____

Address in U.S. Number and Street _____

City _____ State _____ Zip Code _____

Phone ____/____ E-Mail _____

Passport Information

Passport Issuing Country _____ Passport # _____ Passport Expiration Date ___/___/___
mm dd yyyy

Visa Type _____ Visa Number _____ Expiration Date ___/___/___
mm dd yyyy

Port of Entry to U.S. _____ I-94 Admission Number _____

I-94 Date of Entry to U.S. ___/___/___ I-94 Expiration Date ___/___/___ (If D/S, check here ___)
mm dd yyyy mm dd yyyy

Emergency Contact in U.S. (family member or close friend)

Name of Person We Could Contact _____ Relationship to You _____

Address: Number and Street _____ City _____ State _____ Zip Code _____

Phone _____ E-mail _____

Emergency Contact Person in Home Country

Name of Person We Could Contact _____ Relationship to You _____

Address: Number and Street _____ City _____

Province/Territory _____ Postal Code _____ Country _____

Phone (including all country and city codes) _____ E-mail _____

Are you willing to be contacted by students, faculty, or community members to present information about your home country?

___ Yes ___ No

Your Signature

Today's Date

(OVER)

PERSONAL DATA SHEET- Page 2

Dependent Information – For each dependent, please provide the following information:

Last Name _____ First Name _____ Middle Name _____
___ Male ___ Female Relationship to You _____ Date of Birth ___ / ___ / ___
mm dd yyyy
Country of Birth _____ Country of Citizenship _____

Dependent Information – For each dependent, please provide the following information:

Last Name _____ First Name _____ Middle Name _____
___ Male ___ Female Relationship to You _____ Date of Birth ___ / ___ / ___
mm dd yyyy
Country of Birth _____ Country of Citizenship _____

Dependent Information – For each dependent, please provide the following information:

Last Name _____ First Name _____ Middle Name _____
___ Male ___ Female Relationship to You _____ Date of Birth ___ / ___ / ___
mm dd yyyy
Country of Birth _____ Country of Citizenship _____

Dependent Information – For each dependent, please provide the following information:

Last Name _____ First Name _____ Middle Name _____
___ Male ___ Female Relationship to You _____ Date of Birth ___ / ___ / ___
mm dd yyyy

Dependent Information – For each dependent, please provide the following information:

Last Name _____ First Name _____ Middle Name _____
___ Male ___ Female Relationship to You _____ Date of Birth ___ / ___ / ___
mm dd yyyy
Country of Birth _____ Country of Citizenship _____

Your Signature _____ Today's Date _____