

# INFORMATION UPDATE FORM

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SCSU ID: \_\_\_\_\_ STATUS: GRAD \_\_\_\_\_ UGRAD \_\_\_\_\_

MAJOR: \_\_\_\_\_ EXPECTED PROGRAM END DATE: \_\_\_\_\_

VISA TYPE: \_\_\_\_\_ COUNTRY OF CITIZENSHIP: \_\_\_\_\_

US ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

## **IN CASE OF AN EMERGENCY**

**PLEASE PROVIDE THE FOLLOWING INFORMATION FOR A CONTACT IN THE UNITED STATES AND AN ENGLISH SPEAKING CONTACT IN YOUR HOME COUNTRY.**

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

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

Email: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

US Contact: \_\_\_\_\_ Telephone # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **OFFICE USE ONLY**

**SVIS UPDATE** \_\_\_\_\_