

# Full-Time International Student Data Sheet



**OWENS**  
COMMUNITY COLLEGE

Please complete this form very carefully as information provided is used on the I-20

Print and complete your name exactly as it appears on your passport.

**LAST (FAMILY) NAME** \_\_\_\_\_

**GIVEN NAMES** \_\_\_\_\_

**HOME COUNTRY MAILING ADDRESS**

STREET AND NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE/TERRITORY \_\_\_\_\_

COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

**COUNTRY OF BIRTH** \_\_\_\_\_

**COUNTRY OF CITIZENSHIP** \_\_\_\_\_

**DATE OF BIRTH:** MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

**MY NATIVE LANGUAGE IS** \_\_\_\_\_

**IMMIGRATION STATUS: (Visa)** \_\_\_\_\_

**SEMESTER START DATE** (check only one)

FALL SEMESTER (August to December)  SPRING SEMESTER (January to May)

YEAR \_\_\_\_\_

**YOUR INTENDED PROGRAM OF STUDY/MAJOR** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**CELL/MOBILE** \_\_\_\_\_

**WILL ANY DEPENDENTS BE LIVING WITH YOU IN THE UNITED STATES?**  YES  NO

PLEASE SUBMIT A SEPARATE DEPENDENT DATA SHEET/PASSPORT COPY /VISA COPY and FINANCIAL CERTIFICATION FOR EACH OF YOUR DEPENDENTS.

**PAYMENT METHOD** (Please select one)

Self

Scholarship. If yes, please provide name \_\_\_\_\_

Other

**How would you like to receive your I-20?**

- PICK-UP FROM OFFICE (SELF ONLY)
- PICK-UP FROM OFFICE (FRIEND/RELATIVE):  
Please complete a Document Release form.
- SENT BY COMMERCIAL CARRIER (FEDEX/DHL): Please ask for instructions.  
*Please note: **STUDENTS ARE RESPONSIBLE FOR THIS EXPENSE.***
- SENT BY U.S. POSTAL SERVICE: No expense to student. Please provide full mailing address below.

\_\_\_\_\_

\_\_\_\_\_

**TRANSFER STUDENTS ONLY**

**CURRENT UNITED STATES ADDRESS**

\*STREET AND NUMBER (\*APARTMENT NUMBER-IF APPLICABLE)

\_\_\_\_\_

\*CITY \_\_\_\_\_ \*STATE \_\_\_\_\_ \* ZIP CODE \_\_\_\_\_

Are you planning to travel outside the U.S. before you start classes at Owens?  YES  NO

If yes, please provide intended departure date: (MM/DD/YYYY) \_\_\_\_\_

**ATTESTATION:**

I \_\_\_\_\_ **CERTIFY THAT ALL OF THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Please indicate how you heard about Owens Community College:**

- FRIENDS/ADVISORS FROM MY HOME COUNTRY TOLD ME ABOUT OWENS
- FRIENDS/ADVISORS FROM ANOTHER PART OF THE U.S. TOLD ME ABOUT OWENS
- FRIENDS/ADVISORS FROM THE TOLEDO AREA TOLD ME ABOUT OWENS
- ONLINE
- OTHER, PLEASE DESCRIBE \_\_\_\_\_