New International Student Information Form  
Teachers College | Columbia University

Today’s Date:

BIOGRAPHICAL AND ACADEMIC INFORMATION
1. Passport Name: 

2. Preferred Name/ Nickname: 

3. TC ID#: T_________________________ Gender: □ Male  □ Female  □Other__________

4. Date of Birth (MM/DD/YY): ______________________________

5. Birthplace: ______________________________ City Country


PROGRM INFORMATION
Entry Term: □ Fall  □ Spring  □ Summer A/B  Enter Year: 20_______

Degree: □ MA  □ MS  □ EdM  □ EdD  □ PhD  □ ME  □ Other _______________

Department: __________________________________ Major: __________________________________

LOCAL ADDRESS INFORMATION

□ Temporary (hotel or friend’s home) until date: ______________________________

Number Street Apt.

City State Zip

□ New York Address (your address for the school year.)

Number Street Apt.

City State Zip

Local Tel: (______) _______ - ________  Other Tel: ______________________________

TC/CU (UNI) email: _____________@tc.columbia.edu  Personal email: ______________________________
IMMIGRATION INFORMATION

1. Your Immigration Status: □ F-1 □ J-1 □ Other ___________________________

2. Date of Most Recent Entry to U.S. (MM/DD/YY): ___________Month / _________Day / _____________ Year

3. Passport Expiration Date (MM/DD/YY): ___________Month / _________Day / _____________ Year

4. J-1 Exchange Visitors ONLY:
   Who is your immigration sponsor (who issued your Form DS-2019): ___________________________
   □ Teachers College
   □ Other Exchange Visitor Program (e.g., IIE, LASPAU, AMIDEAST): __________________________
   If other, what are the validity dates of your DS-2019? From _______________ to _______________

EMERGENCY CONTACT INFORMATION

Home Country Contact
Name: ___________________________________________ Relationship to You: ____________________________

________________________________________
Number Street Apt.
________________________________________
City / Province Country Zip

Phone: __________________________ Language Spoken: __________________________

U.S. Emergency Contact (Only if you have U.S. contact)
Name: ___________________________________________ Relationship to You: ____________________________

________________________________________
Number Street Apt.
________________________________________
City / Province Country Zip

Daytime Phone: __________________________ Evening Phone: __________________________

FAMILY INFORMATION

Please complete if you have family members who have accompanied or will accompany you to the U.S.

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<th>Name</th>
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BANK LETTER/LISTSERVE REQUEST

□ Bank Letter: Courtesy letter from OIS to assist you in opening a U.S. bank account. You must provide a U.S. local address on the front of this page.

□ Subscription to OIS Listserv: To enroll in the Office of International Services' Weekly Update listserv for students, to receive the latest news and updates about office services and office hours, programs and events.

FOR OFFICE USE ONLY

Subscribed student to the listserv by: __________________ Enter FSA on: __________________ by: ________________