

F-1 International Student Form TO BE COMPLETED BY STUDENT

Last Name

First Name

ID# at Current Institution:

Date of Birth

Email:

Intended Semester Start Date:

Fall

Spring

Intended UNG campus: Cumming

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University of Nort  
confirm his/her st

TheUniversityof N  
Dahlonega(ATL21  
Cumming(ATL214

Student's SEVIS ID Number

Current Semester End Date:

Transfer/Release Date:

Is this student currently maintaining an Active Status at your institution?

Yes

No

Additional Comments:

Name of DSO

Title:

Signature

Date

Institution:

Phone/Email

The DSO completing this form may send the completed form to [global@ung.edu](mailto:global@ung.edu)

If you need this document in an alternate format for accessibility purposes, please email the [Center for Global Engagement](#) or call 706-867-2858.