



International Student Questionnaire

Undergrad/ Graduate Rockland Campus
 1 South Blvd.
 Nyack, NY 10960
 PH: 845- 358-1710 ext. 4400
 FAX 845- 358- 3047
admissions@nyack.edu

Undergrad/ Graduate NYC Campus
 2 Washington Street
 New York, NY 10004
 PH: 646- 378--6101
 FAX 212-343-2668
admissions@nyack.edu

Alliance Theological Seminary Rockland Campus
 350 N. Highland Ave.
 Nyack, NY 10960
 PH: 845- 770-5701
 FAX: 845-358-3047
admissions@nyack.edu

Personal Information (print clearly) This information is needed to complete the I-20 Application for F-1 Student Visa/Status. Provide all information as it appears in your passport.

Family name: _____ Date of Birth: M ____ D ____ Y ____
 First name: _____ Gender: Male Female
 Country of birth: _____ County of citizenship: _____
 Phone number: _____ E-mail: _____

History (Check the answers that apply)

Was the last school you attended a SEVIS School? Yes No
 If yes, do you believe you are still in active SEVIS Status? Yes No
 When did you last attend a U.S. school? Month _____ Year _____
 Did you graduate/complete a degree at this school? Yes No
 If yes, check level of study: High School Associates Bachelors Graduate
 Previous SEVIS School: _____ School SEVIS code: _____

Please submit a copy of your last I-20 and Personal Page of your Passport

If you have dependents, how many will also apply for F-2 visas? _____
 Dependent: _____ Relationship: _____
 Dependent: _____ Relationship: _____
 Dependent: _____ Relationship: _____
 Do you currently hold a valid F-1 Visa? Yes No
 If you plan to change your "visa status" in the United States, what valid visa do you now hold? _____

Intended Academic Program (Check the answers that apply)

Expected start date: Fall Spring Summer Year: _____
 Expected Degree: Masters Bachelors Associates
 Expected Major/ Program: _____

Address to send I-20 (if different from home country)

Address in home country (Please print clearly)

Street: _____

 City: _____
 Province: _____
 Country: _____
 Postal/Zip Code: _____

Street: _____

 City: _____
 Province: _____
 Country: _____
 Postal/Zip Code: _____

*Contact phone number in home country: _____

*Who do you plan to have as your **financial support outside of any Nyack College aid?**

Name: _____ Relationship: _____ Amount: _____
 Name: _____ Relationship: _____ Amount: _____

*Do you plan to live in the Rockland County campus housing? Yes No