

SEVIS Registration Form

All fields are required unless otherwise indicated. Please print neatly.		Date:		
Name:				
Last Name	First Name	Middle Name	Gra	duation Date
Preferred Name:	Date of Birth: MM/DD/YYYY	City of	fBirth:	
SEVIS ID #: NOO			Cell Phone:	
Home Phone (w/country code):		I de	o not have a teleph	one number
Morrisville Email:	Alter	nate Email:		
On-Campus Address (if applicable) Dor	m:		Room	#:
Off-Campus Address (if applicable):				
Complete Foreign (Home) Address:				
City	Province/Territory/State	Country		Zip Code
Passport #	Passport Expiration Date (MN	Л/DD/YYYY)	Passport Issuing Co	ountry
Visa Number (usually red 8-digit number)	Visa Expiration Date (MM/DD)/YYYY)	Country where Visc	a was Issued
I-94 Admission Number (www.cbp.gov/i94)	Port of Entry		Last Date of Entry ((MM/DD/YYYY)
Has any of the following information ch If yes, check all that apply:	anged since your last SEVIS Registra	tion? 🗌 YES 🗌 N	10	
 Name Class Year On-Campus Address Off-Campus Address 	US Cell Phone Home Phone Passport Visa		Home Address Alternate Email Other (please specify)	
ACADEMIC AND PROGRAM INFORMATI Has any information on your I-20 change If yes, check all that apply and provide re	ed? 🗌 YES 🔲 NO			
Major Declared Major:				
Declared Second Major: Program Level Change Program End Date New Program E	nd Date:			
Financial Information Specify: Other:				
Additional Information:				

STUDY ABROAD PLANS	
Do you plan to study abroad next semester? YES	🗌 NO
If yes, when and where:	

SENIORS ONLY

60-day Grace Period: Your "grace period" is the 60-day period of time starting on the date of your program completion. During your grace period you can either: 1) apply for Optional Practical Training employment authorization, 2) transfer your SEVIS record to another institution to start a new academic program, 3) change your program level (associate to bachelors or bachelors to masters) or 4) depart the U.S.

Please check all that apply:

\square Plan to apply for OPT to work in the U.S. after graduation (job offer is not needed)
The application process takes up to three months. Discuss your plan with the PDSO.
\square Plan to transfer to another institution to start a new academic program
Plan to change program level
Depart the U.S.
Other (please specify):

EMERGENCY CONTACT INFORMATION

Contact Name:		Relationship: _	
Telephone:	Email: mber)		
Primary Language Spoken:			
Address:			
City	Province/Territory/State	Country	Zip Code

All F-1 students are required to report any changes in the above information to the PDSO within 10 days of the change.

F-1 students are required to review, understand and follow all immigration regulations pertaining to F-1 visa status.

Student Certification:

I understand that I am responsible for reporting any changes to the items listed on this form to the PDSO at SUNY Morrisville within 10 days of the change. I have read, understood and will follow all immigration regulations applicable to my status. I understand that I am responsible for my own immigration status and that failure to comply with all applicable immigration regulations could result in negative consequences on my current status and/or all future applications for visas or immigration benefits.

Student Signature:	Date:	
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OR	DR PDSO USE ONLY:	
	Date Received	SEVIS Registered