



Please complete this form and return it to an immigration advisor or admissions specialist at UCF Global.

Today's Date (MM/DD/YYYY): _____

UCF ID: _____ Visa Type (F-1, J-1, etc.): _____

First Name: _____ Family Name/Surname: _____

LOCAL ADDRESS IN THE UNITED STATES

Street Address: _____

_____ Apartment/Room Number: # _____

City: _____ State: _____ Postal/ZIP Code: _____

USA Telephone Number: _____

Email Address: _____

FOREIGN ADDRESS IN HOME COUNTRY

Street Address: _____

_____ Apartment/Room Number: # _____

City: _____ State: _____ Postal/ZIP Code: _____

USA Telephone Number: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION

Full Name: _____ Relationship: _____

Street Address: _____

_____ Apartment/Room Number: # _____

City: _____ State: _____ Postal/ZIP Code: _____

Country: _____

Telephone Number: + _____

Email Address: _____

I authorize UCF Global to retrieve my I-94 record, accessible through United States Customs and Border Protection website, for immigration and employment purposes.

Student/Scholar Signature: _____