



PURPOSE OF REQUEST

New Student Program Extension

BIOGRAPHICAL INFORMATION

First Name: _____ Last Name / Surname: _____

Date of Birth (MM/DD/YYYY): _____ Legal Sex: Male Female

Country of Birth: _____ City of Birth: _____

Country of Citizenship: _____

Country of Permanent Residence: _____

FOREIGN ADDRESS IN HOME COUNTRY

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____

Foreign Telephone Number: + _____

E-mail address: _____

ACADEMIC INFORMATION

Level of study at UCF: Undergraduate (Bachelor's) Graduate (Master's) Graduate (Ph.D)

Program of Study at UCF: _____

Initial Semester at UCF: Fall Spring Year: _____

Length of Participation at UCF: One Semester Full Academic Year

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

Student Signature: _____