



Study In LA – New Student Information Form
PLEASE PRINT VERY CLEARLY

Student Information

Circle All That Applies: Fall Semester Spring Semester Year(s): 20____; 20____

Family Name:_____ First Name: _____

Campus Identification Number (CIN): _____ SEVIS # N00 _____

Gender (circle): Male Female Birthdate:_____ (Month / Day /Year)

Country of Birth:_____ Country of Citizenship: _____

Country of Permanent Residence:_____ Passport Number: _____

Status (circle): F1 J1 Other: _____

Address in the California: _____
Street Number Street Name (Apt. # or Mailbox #)

City:_____ Postal (Zip) Code: _____

Contact Phone Number: (____) _____ Email: _____

Emergency Contact Information – Who can we call in an emergency? Can be any country.

Family Name:_____ First Name: _____

Relationship to you (circle one): Mother Father Sister Brother Aunt Uncle Cousin Friend Guardian

Contact Phone Number (any country): _____

Email: _____

Address (any country): _____

City:_____ Country: _____ Language: _____

By signing this form, I give Cal State LA the authority to contact my emergency contact person in case there is an emergency. My signature below indicates that permission is given to Cal State LA's ISO advisor or Coordinator to access my I-94 records.

I confirm that I have reviewed the orientation PowerPoint and related information.

Print Your Name:_____ Sign Your Name: _____

Today's Date:_____ (Month/ Day/ Year)