International Programs
25800 Carlos Bee Blvd, SF 102
Hayward, CA 94542
Phone: 510 885 2880   Fax 510 885 2787

New Student Information

Student Information

Family/Last Name:	First Name:
NETID:	Birth Date (MM/DD/YY):
SEVIS Number: N	Male Female
First Term at CSUEB: Fall Semester Spring Semester Summer Term Year	
Degree/Major:	Level of Study: Master's Bachelor's
U.S.Telephone:	Country of Citizenship:
Email: @horizon.csueastbay.edu	
Personal Email:	
Current Immigration Status: F-1 ☐ F-2 ☐ J-1 ☐ J-2 ☐ B-1 ☐ B-2 ☐ H-4 ☐	
Residential Address in US (house number, street name, apt. # if (anything), city, state, zip)	

Emergency Contact

Name:	Relationship:
Phone #:	Address Z}µ• vµu ŒE Uš •vš u U ‰šX · ~](vÇšZ]vP•U

I-94 Record

☐ By checking this box, I grant CIE permission to retrieve my I-94 record from the CBP Website, if needed

Dependents

Do you have spouse or children on an F2 visa with you in the U.S.? Yes ☐ No ☐

If yes, please list below:

Name (Last, First)	Relationship	Birthdate	Immigration Status

_________________________ _________________________

Signature   Today's Date