

*Off-Campus Programs*

# F-3 Immigration Status Application Form

Please answer the following questions and return this form to your program administrator at your center.

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number) (Street)  
 \_\_\_\_\_  
(City) (Province) (Postal Code)

Telephone Number \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Gender  Female  Male Date of Birth \_\_\_\_\_  
(Month) (Day) (Year)

**Immigration Status**

If currently in the United States, please indicate your non-immigration status \_\_\_\_\_

Are you requesting an initial F-3 status?  Yes  No  
 If no, please indicate your most recent SEVIS ID # N \_\_\_\_\_

**Academic Program Data**

What is your program of study? \_\_\_\_\_

What is your degree level? \_\_\_\_\_

What courses do you plan to register for?

Course	Dates	Times	Location – Center

What are your tuition costs for the term? \_\_\_\_\_

How are you paying for these costs (company voucher, personal funds, credit card, etc.)? \_\_\_\_\_

Name of person or company providing the financial payment \_\_\_\_\_

I certify I have read and understand the instructions and the statements made on this form are accurate and complete to the best of my knowledge.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OCP Administrator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_