For Office Use Only
Date _____ Approval _____
New Submission ___ Info Change _____

International Student
Critical Information Registration Form

International Students are required by Walsh University to complete this form following International Student Orientation. In addition, each time critical information identified on this form changes, the student is required to complete a new form (new information sections only) within 48 hours of the change and submit it to the International Student Advisor's Office in the David Campus Center.

Please Print!

Name_____
Last (Family) First Middle

City of Birth _____ Country of Birth _____ Date of Birth _____

Country of Citizenship _____ Student ID # _____ Social Security # _____

Local Address (if you reside on campus, include your residence hall and room number)

_____ Campus Mailbox # _____

Phone # _____ Alternative Phone # _____

City _____ State _____ Zip Code _____

Permanent Address (in your home country) _____

City _____ State/Province _____ Country _____ Postal Code_____

Father's Name _____

Address _____

Mother's Name _____

Address _____

E-mail Address _____ Alternate e-mail Address _____

ACADEMIC INFORMATION

Major(s) _____ Minor(s)_____

Expected Graduation Date_____

Advisor _____ Phone _____

EMERGENCY CONTACT

In case of emergency, please contact the following individuals (preferably someone in the US if at all possible):

Name _____ Phone _____ Relation _____

Special considerations with emergencies (health, religious, etc.): _____

Submitted by _____ _____ _____
Print Name Signature Date