INTERNATIONAL STUDENTS (Undergraduate) <u>Application for Certificate of Eligibility</u> (Biographical Data Form)

Please complete this form & Certification of Finances form and return <u>or</u> fax the completed form and financial documentation to:

ATTN: Mir Subhan Ali

Skidmore College, Student Academic Services

815 North Broadway Saratoga Springs, NY 12866

U.S.A.

Tel #: 518-580-8150 Fax #: 518-580-8149

e-Mail: mali1@skidmore.edu

Biographical Information:

Name:		
Family/Surname/Last (as it ap	opears on your passport)	
(First/Given)		(Middle)
Sex: (male)	(female)	
Date of Birth (month, day, year):		
	(Month - Jan, Feb, Ma	ar, etc.)
Permanent Address:		
Mailing Address (if different from abo	ove and until what date):	
	<u> </u>	
Email:		
Cell (include country code):		
, , ,		

Telephone (include country code):			
City and Country of Birth:			
Country of Citizenship:			
(If dual citizenship, note both countries and U.S.):	l indicate which passport you will use to enter the		
Country of Legal Residence:			
Emergency Contact Information:			
Name:	Relationship to you:		
Telephone:	Email:		
Mailing Address (if different from above):			
Fax (include country code):			
Do you have a passport? Ye	es No		
Passport Number:			
Are you presently in the U.S.?	es No		
Telephone number in the U.S.			
If you are presently in the U.S., please indicated and (e.g., F-1, A-2, J-2, etc.)	cate your present immigration status as noted on your		
(Attach a copy of your I-94 card, and F-1 st	tudents also attach a copy of your I-20)		
Do you plan to retain this status?	Yes No		
Do you plan to leave the U.S. before begins	ning at Skidmore? Yes No		
If 'Yes' please provide dates:			
Language Information:			
Native Language:			
Skidmore Official use: Basis for determ	nining English Proficiency:		
ΓΟEFL U.S. Intensive English Program			
Other Test Other			