INTERNATIONAL ADMISSIONS

1540 Northway Dr, St Cloud MN 56303 · internationaladmissions@sctcc.edu · +1 (800) 222-1009

Supplemental Information Form

PLEASE TYPE OR PRINT CLEARLY

STUDENT INFORMATION				
Student Name: Star ID: Star ID: Middle (Given Name 2)				
	te of Birth Month:			
Country of Birth: City of Birth:				
Laı	nguage(s) Spoken:			
Phone Number (outside of the United States) Country Code: Phone Number:				
	rsonal Email:			
CURRENT VISA STATUS				
Ar	e you currently in the United	States? - No	Yes	
lf y	es, check one below:			
	I am not in the U.S. on an F-1 visa. I will be leaving the United States to apply for an F-1 visa at a U.S. embassy.			
	I am not in the U.S. on an F-1 visa. I will be remaining in the United States and applying for a Change of Status to F-1.			
	I am in the U.S. and my SEVIS Record was terminated. I wish to transfer my terminated SEVIS Record to St. Cloud Technical & Community College and apply for reinstatement with USCIS.			
	I am in the U.S. in F-1 status. I am maintaining status and will transfer my SEVIS Record to St. Cloud Technical & Community College.			
EMERGENCY CONTACTS				
_	ive permission for SCTCC stan involved in an emergency,			dual(s) for the sole purpose that I
Signature:		Date:		
Со	ntact 1			
Full Name:		Relation:	Email:	Phone: +
Physical Address:		Primary Language Sp	oken:	
U.S. Contact (add additional non-US contact 2 if none)				
Full Name:		Relation:	Email:	Phone: +
Physical Address:		Primary Language Sp	oken:	
DE	PENDENTS			
Wi	ll any family members be tra	avelling with you as F-2	denendents? - No - Ye	S

If yes, you are required to complete the F-2 Dependent Form and provide copies of your dependents' passports.



Updated 2/23/2024