INTERNATIONAL STUDENT DATA (ISD) FORM

This form is required of international applicants who are not citizens or permanent residents of the United States. Note: Applicants who intend to maintain or apply for F-1 visa status are required to complete page 2 of this form.

Which program of Antioch University are you applying to? _______________________________ Term/Year_________

OFFICIAL NAME EXACTLY AS IT APPEARS IN PASSPORT
Family __________________ First___________________ Middle_________________
Other name used:
Family __________________ First___________________ Middle_________________

Date of birth_____/______/______ Gender: _____Male ______ Female

City and Country of birth ____________________________________________

If you hold dual citizenship, which country’s passport will you use to travel? _____________________________

Permanent address outside of the U.S ________________________________
	street

city ___________________ state/province ___ country __________ postal code ______ telephone ______

Address to which Form I-20 should be mailed, if different from permanent address above

Today’s date_____/______/______ The following address is valid until_____/______/______

street

city ___________________ state/province ___ country __________ postal code ______ telephone ______

Have you ever applied for lawful permanent resident status in the U.S.? ________ If Yes, please attach documentary evidence.

If you have previously been or currently are in the U.S., list all visa statuses you have held, starting with the current or most recent.

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<th>Visa type</th>
<th>Period of stay</th>
<th>Name of school or employer</th>
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If your current visa status is not “F-1,” enter the last day you are authorized to stay in the U.S., as shown on your Form I-94, Arrival/Departure Record: _______/______/______ Do you plan to apply for the F-1 visa? _________

Do you plan to travel abroad prior to enrollment? ________

Dates of travel: Depart: _______/______/______ Return: _______/______/______

☐ Check here if you’re currently attending or have attended another SEVIS-approved school, or if you are engaging in or have completed Optional Practical Training (OPT). In order to maintain your current F-1 status, you must ask your school to release (i.e., transfer out) your SEVIS record to Antioch University within 60 days of completion of your academic program.

Date of anticipated transfer release _______/______/______ Expiration date of F-1 visa in passport _______/______/______

☐ Check here if you have dependents (spouse and/or children) accompanying you to the U.S. On a separate sheet of paper, provide each dependent’s complete passport name, date of birth, country of birth and citizenship, and relationship to you.

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You will need to prepare a second set of these documents for your visa application at the U.S. Embassy or Consulate.

THIS SECTION MUST BE COMPLETED BY THE APPLICANT

Family _______________________________________ First________________________ Middle________________________

You must enter the amount in U.S. Dollars available for your support from each source. If you have a loan and/or scholarship, attach documentary evidence to this form, or indicate the approximate date you will send it by email it to studentservices.ausb@antioch.edu (for Antioch University Santa Barbara) or edacanay@antioch.edu (for Antioch University Los Angeles).

Personal funds ___________________________________________________________ $__________
Family sponsor __________________________________________________________ $__________
Other sponsor: ___________________________________________________________ $__________
Loan from _______________________________________________________________ $__________
Scholarship from _________________________________________________________ $__________

Total financial support available: $__________

I certify that I have access to the funds necessary to pay all estimated school and living expenses, including travel to and from the U.S. I will be able to pay for tuition, fees and books owed to the University on the day I register for courses.

THIS SECTION MUST BE COMPLETED BY THE PERSON LISTED AS “FAMILY” OR “OTHER” SPONSOR
(For multiple sponsors, please print and complete page 2 of this form for each sponsor.)

I certify that I will provide the amount of funds stated above to the applicant for the purpose of full-time study at Antioch University.

Name of sponsor (print) __________________________________ Relationship to applicant______________________________
Address of sponsor ___________________________________________________________________________________
Signature of sponsor ________________________________ Date _______________ Phone __________________________

THIS SECTION MUST BE COMPLETED BY THE OFFICER OF THE BANK OR FINANCIAL INSTITUTION

This is to certify that __________________________ has funds necessary to meet the educational cost of attendance listed above. This certificate does not constitute a statement of liability on my part, or on the firm, bank, or institution, that I represent.

Name of officer __________________________________
Title ___________________________________________
Name of organization ______________________________
Address of organization ____________________________
________________________________________________
Phone __________________________
Signature of officer ________________________________ Date __________________________

Required: organizational seal or stamp here