## RETURNING/SAME LEVEL INTERNATIONAL STUDENT INFORMATION SHEET

St. Cloud State University

Current Date:	
NAME (Last, First, M. I.):	Birth dateGender M / F
Country of Birth	Country of Citizenship
Semester/Year of Last Attendance at SCSU:	
Previous St. Cloud State University Tech ID#:	
Optional Practical Training Experience Dates (if applicable)	:
College or University Attended While Away from SCSU:	
Updated Transcripts:	
Students who attended a college or university during thei updated transcripts for review.	Country of Citizenship
CURRENT CONTACT INFORMATION:	
Permanent Home Address:	
Email Address:	
Cell Phone:	-
Please Check One:	
New Program (Same Level): Continuing Previous	Program:
*Graduate Student with only thesis or star paper remaining:	
	raduate Degree are ineligible to obtain an I-20 for an F-1 student visa
Complete the following:	
Intended Program of Study (Major):	
Level of Study: Graduate Undergraduate	e
Intended Program Start Date:	
Expected Date of Graduation:	
<b>Updated Current Financial Documentation Included wit</b>	h this Form:

Original Bank Statement is required reflecting an amount of \$26,000 USD available for undergraduate students for a full year of tuition, fees, room & board, and mandatory health insurance. Graduate students must show an amount of \$26,300 USD for a full year of tuition, fees, room & board, and mandatory health insurance.

## Please Return This Form and Required Documents To:

Returning Student Same Level
Center for International Studies, Lawrence Hall 101
720 Fourth Ave. South, St. Cloud State University
St. Cloud, MN 56301-4498