



Welcome to The George Washington University!

Name (print): _____
Family First Middle

GW ID Number: _____ Date of Birth: _____ / _____ / _____
Month Day Year

Immigration Status (please circle): F-1 J-1 Other (please indicate): _____

If J-1, please indicate Exchange Visitor Category: _____

School/College: _____

Permanent Address in Home Country:

(Street)

(City) (State/Province) (Postal Code) (Country)

Current Address in the United States:

(Street)

(City) (State) (Postal Code)

Telephone Number (in U.S.): (_____) _____

Email address: _____@gmail.gwu.edu _____(personal)

Are you a transfer student? Yes / No

If yes, have you been approved for Optional Practical Training? Yes / No

Has your spouse and/or child(ren) entered the U.S. with you? Yes / No

Emergency Contact (in home country): Name: _____

Relationship to You: _____ Phone Number: _____

Emergency Contact (in U.S.): Name: _____ Phone Number: _____

Hospital/Health Insurance Company: _____ (J-1 Exchange Visitors are required to have health insurance. Health insurance is strongly recommended for F-1 Students.)

I hereby certify that all the information I have provided on this form is accurate and current, to the best of my knowledge.

Signature: _____ Date: _____