

## **Office of International Affairs**

Biodata Information Form F-1 Student

An F-1 student is a nonimmigrant who is pursuing a full course of study to achieve a specific educational or professional objective at an academic institution in the U.S. that has been designated by the Department of Homeland Security (DHS) to offer courses of study to such students. The Office of International Affairs (OIA) must determine a student's eligibility to be issued a Form I-20 to be used when applying for the F-1 visa at a U.S. Embassy or Consulate abroad, or if the student is already in the U.S., by sending the Form I-20 to USCIS when applying for a change of status to F-1. Students must demonstrate to OIA that:

- You have been admitted to an eligible academic program at the University of Texas Health Science Center at Houston (UTHSC-H)
- 2) You are capable of financing your education and stay in the U.S.
- 3) Immigration regulations will not prohibit you from being issued the Form I-20

OIA will be provided with a copy of your admission letter from the school you have been admitted to. Students admitted to a program of study at UTHSC-H must complete and sign this form and return all original documents to OIA at the address below in order to determine eligibility for the Form I-20.

Section I: Student Information			
LAST/FAMILY NAME	First/Given Name	Middle	
	Gender: Male Female		
Date of Birth (MM/DD/YYYY)			
Telephone Number	E-mail Address		
City of Birth	Country of Birth	Country of Citizenship	
Permanent Address in Home Country:	Home or Apartment # and Street		
	City	State/Province	
	Country	Postal Code	
Section II: Immigration Information			
Are you currently in the U.S.?	□No		

Phone: 713-500-3176 Fax: 713-500-3189

E-mail: <u>utoiahouston@uth.tmc.edu</u> 7000 Fannin Street, Suite 130

Houston, TX 77030

Web: http://www.uth.tmc.edu/intlaffairs

Please contact your Internation	urrent visa type: Hent must comply with the instructions given in the nal Visitor Advisor (IVA) at OIA if you are n to a status to the F-1 student visa.	
	icts employment or full-time enrollment?	☐ Yes ☐ No
•	academic program, please indicate below ho	
<u> </u>	U.S. and apply for the F-1 visa at a U.S. E	
<u> </u>		•
	a change of status to F-1 while remaining in	
<ul> <li>Please contact your IVA at OI full-time enrollment</li> </ul>	A if your current visa type restricts you from	being employed in the U.S. or engaging in
Are you currently attending or have yo	ou recently graduated from another school,	/institution in the U.S.? Yes No
If yes, are you currently authors	orized optional practical training? 🔲 Ye	es No
Section III: Dependent Informati	tion	
Will you be accompanied by your spo	ouse or unmarried child (under the age of 2	1) who will seek F-2 status?
Yes No	•	
<ul> <li>If yes, please provide the following</li> </ul>	owing information.	
	owing information.	
Spouse		
LAST/FAMILY NAME	First/Given Name	Middle
Date of Birth (MM/DD/YYYY)	City of Birth	Country of Birth
Country of Citizenship	Country of Legal Permanent Residence	_
Child		
LAST/FAMILY NAME	First/Given Name	Middle
Date of Birth (MM/DD/YYYY)	City of Birth	Country of Birth
		Son Daughter
Country of Citizenship	Country of Legal Permanent Residence	
Child		
	- /a.	-
LAST/FAMILY NAME	First/Given Name	Middle
Date of Birth (MM/DD/YYYY)	City of Birth	Country of Birth
Country of Citizenship	Country of Legal Permanent Residence	Son Daughter

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Child						
LAST/FAMILY N	AME	First/Given Nar	me	Middle		
Date of Birth (M	M/DD/YYYY)	City of Birth		Country of Birth		
Country of Citize	enship	Country of Legal F	Permanent Residence	Son Daughter		
	lailing Instructions					
If OIA determines that you are eligible for the Form I-20, please provide the information below so that all documents can be provided to you.  • This section is not required for students admitted to the <u>Graduate School of Biomedical Sciences.</u>						
Please mail the Form I-20 by regular airmail to the address below  • Please note that regular mail to overseas addresses may take up to 4+ weeks.						
Home or Apartment # and Street						
	City		State/Province			
	Country		Postal Code			
<ul> <li>Please mail the Form I-20 by express mail to the address above.</li> <li>If checked, please provide this office with a completed Pre-Paid Air Bill.</li> </ul>						
Please contact the person below when the Form I-20 has been processed. I authorize the person below to pick-up the Form I-20 from OIA and mail to my attention.						
LAST/FAMILY N	AME	First/Given Nar	me			
Telephone Numl	oer	E-mail Address				
Student's Signat	ure:			Date:		