

*The Office of International Programs  
Sam Houston State University*

SHSU Box 2150  
Huntsville, TX 77341-2150  
936-294-4737  
oip@shsu.edu

**INTERNATIONAL STUDENT ADVISOR'S REPORT**

INSTRUCTIONS TO APPLICANTS IN THE U.S.

Please complete section I of this form. If you are on an F-1 or J-1 visa, you must request the International Student Advisor or counselor at the school you are currently attending or the most recently attended school to complete the other sections of this form; if you are not an F-1 visa holder, complete only sections I and II, and return the form with the required supporting documentation. This form and all supporting documents must be sent to the address indicated on the second page. (Proof of financial support must also be submitted with all transfers.)

SECTION I: MUST BE COMPLETED BY ALL APPLICANTS.

Applicant's Name: \_\_\_\_\_  
(Family Name) (First Name) (American Name)

Social Security Number, if any, (include copy of card): \_\_\_\_\_

Present Address: \_\_\_\_\_

Home Country Address (Required to issue an I-20): \_\_\_\_\_

Dependents: (Name, Date of Birth, Country of Citizenship, Relationship to F1 visa holder)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Semester Planning to Attend: \_\_\_\_\_

Proposed Degree Level: \_\_\_\_\_ Degree Area: \_\_\_\_\_

I request and authorize my present International Student Advisor to provide the information below as part of my application for admission to Sam Houston State University.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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SECTION II; MUST BE COMPLETED BY APPLICANTS IN CATEGORIES OTHER THAN F-1.

\_\_\_\_ F-2 dependent: Attach copies of your I-94 and your spouse's I-20 ID copy.

\_\_\_\_ J-1 student: Attach copies of IAP-66 and I-94 (both sides).

\_\_\_\_ J-2 dependent: Attach copies of your I-94 (both sides) and your spouse's IAP-66.

\_\_\_\_ Other: Please specify and attach documentation: \_\_\_\_\_

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SECTION III: MUST BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR.

1. SEVIS release date: \_\_\_\_\_

2. Name of School: \_\_\_\_\_

3. Student's SEVIS number: \_\_\_\_\_

4. Student's I-94 number: \_\_\_\_\_

5. \_\_\_\_\_ The student is in status and is/has been pursuing a full course of study.

\_\_\_\_\_ The student is out of status and a reinstatement is pending.

\_\_\_\_\_ The student is out of status.

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name and title of DSO Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Fax Email Date

**PLEASE RETURN TO:**  
Office of International Programs  
Sam Houston State University  
PO Box 2150  
Huntsville, TX 77341  
Fax: 936.294.4620  
Phone: 936.294.4737