

One Wells Avenue Newton, Massachusetts 02459 617.327.6777 williamjames.edu

## Student and Exchange Visitor Information System (SEVIS) Data Office of the Registrar

## **International Students**

|   | ion below must be re<br>is form must be comp |                        |                  | and Security (DHS) by WJC each<br>er. |
|---|--|------------------------|------------------|---------------------------------------|
| □ Fall  | ☐ Spring                                     | □ Summer               | Year 20          |                                       |
| Name:   |  |                        |                  |                                       |
| Current local                                       | address:                                     |                        |                  |                                       |
| Country of or                                       | rigin address:                               |                        |                  |                                       |
| Passport #:   | Expiration date                              | e: Passport is         | suing country:   |                                       |
| Visa # Expiration date: Post/Country visa issuance: |  |                        |                  |                                       |
| I-94 form, ad                                       | mission #:                                   |                        |                  |                                       |
| Port of entry                                       | (latest): Date                               | e of entry latest):    |                  |                                       |
| Credits regist                                      | tering for?                                  |                        |                  |                                       |
| If less than 12                                     | 2 credits, reason for a                      | authorization, and by  | whom?            |                                       |
| By signing th                                       | is form, the student a                       | attests to the accurac | y of the informa | ition supplied above.                 |
| Student Sign  | nature                                       |                        |                  | Date                                  |
|   | Return thi                                   | s form to the Regi     | strar's Office,  | Attn: Sonji Paige                     |
| For office us<br># of credits re                    | e only egistered for                         |                        |                  |                                       |
| Reported to I                                       | OHS<br>Date                                  | Mario Murga (signa     |                  |                                       |