Montana State University Billings Immigration Registration Form

Name:				Visa:	□ F-1	□ J-1
(Family Name)	(First Name)	(Middle Nam				
Student ID:	Level	: ☐ Associate	☐ Under	graduate	□ Post-Bac	☐ Graduate
Major:	ijor: Anticipated graduation date:					
Citizanshin		Data of h	irth.			
Ciuzensiiip.	Date of birth: Month/Day/Year					r
U.S. home address (this is you	ır physical a	<u>nddress</u> – not a	n P.O. Bo	x or Inte	rnational Of	fice address):
(Street or Rural Route)		(City or Post Office)		(State)	(7IP (Code)
Phone Number:					•	•
☐ If this is a new address, pleas						
Initial if you agree to the follo	wing statem	nents.				
I understand that I must will fall out of status. IELP stude	•		_		•	redits or I
I understand that any st authorized Reduced Course I				time enr	ollment, and	l without an
I understand that I must changing addresses or I will f	•		rnationa	l Studies	within 10 da	ays of
I understand that I may options with the OIS.	not take en	nployment off	-campu	s withou	t first discuss	ing my
I understand that I must	! have insura	ance during th	e durati	on of my	studies.	
I understand that I must students should check with th				_	luate). Grad	uate
I verify that all of the above in	าformation is	s correct as re	quired b	y U.S. im	nmigration re	egulations.
Signature:		Too	lay's Dat	e:		
Please note that students with	<u>i incomplete</u>	forms cannot	be regis	stered wi	th immigrat	ion.
For office use only: \square SEV	IS □ B	anner Hold				

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