



Duke UNIVERSITY

Duke Visa Services Registration Form

I-9 Needed: Yes No

PRC Needed: Yes No

FORM REV. 11.30.2018

Family / Last Name: _____
(As noted on your valid Passport)

Given / First Name: _____ Middle Name: _____
(As noted on your valid Passport) (As noted on your valid Passport)

Date of Birth (mm/dd/yy): _____ Gender: Male Female

Visa Type: F-1 J-1 H-1B TN O-1 E-3 Other _____

SEVIS ID Number: N _____
(Located in the upper left corner of the Form I-20. Located in the upper right corner of the Form DS-2019 above the bar code)

Date of Entry into the U.S.: _____
(On I-94 printout/card or entry stamp from passport)

STUDENT INFORMATION (Please Print)

Street Address: _____ Apt. # _____

City: _____ State: NC Zip Code: _____

U. S. Primary Phone Number: _____ Cell Home
(Area Code) xxx-xxxx

Permanent Overseas Phone Number: _____ Cell Home
(Country Code) xxxxxxxxxx

Duke Email Address: _____

Other Email Address: _____

CONTACT INFORMATION (Note: Local U.S. Address must be a residential address NOT a Duke Office address)

Name: _____ Relationship to Student/Scholar: _____

Address: _____

Email Address: _____ Phone Number: _____

EMERGENCY CONTACT INFORMATION

Acknowledgement:

- I understand that it is my responsibility to notify Duke Visa Services of any address or phone number change that I make within 10 days.
- I verify to the best of my ability that all of the information on this page is correct.

Signature: _____ Date: _____