



Atlanta Metropolitan State College

Office of Admissions
1630 Metropolitan Parkway, S. W. Atlanta, GA 30310
Phone: (404) 756-4004 ~ Fax: (404) 756-4407
Website: www.atlm.edu

REQUIRED SEVIS DATA FOR INTERNATIONAL STUDENT RECORDS Required Address Information

FAMILY NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

AMSCID NUMBER: _____

DATE OF BIRTH (MM/DD/YYYY): _____

COUNTRY OF BIRTH: _____

COUNTRY OF CITIZENSHIP: _____

PROGRAM OF STUDY: _____

(Please note: program of study must be a program that Atlanta Metropolitan State College currently offers.)

U. S. ADDRESS WHERE YOU WILL BE RESIDING: _____

E-MAIL ADDRESS: _____

U.S TELEPHONE NUMBER WHERE YOU WILL BE RESIDING: _____

FOREIGN STREET ADDRESS (No P.O. Boxes): _____

CITY: _____

PROVINCE/TERRITORY: _____

POSTAL CODE: _____

COUNTRY: _____

APPLICANT'S SIGNATURE: _____ DATE: _____