

International Supplemental Application Questions

NAME — Provide your name as submitted in your OpenCCCApply application

CCCID			
Last Name			
First Name		Middle Name	

PASSPORT NAME — Provide your name as printed in your passport

(No passport yet; skip to "Non U.S. Permanent Home Address" section)

Last Name					
First Name		Middle Name			
Country of Issuance					
Passport Number		Expiration Date	Month	Day	Year

NON U.S. PERMANENT HOME ADDRESS

Street address 1				
Apt. or Suite				
City				
State/Province		Postal Code		
Country				

NATIONALITY

Country of Birth	
Country of Citizenship	

ALTERNATE NON-U.S. TELEPHONE

(Please include country code for non-U.S.)

VISA INFORMATION

(No visa yet; skip to I-94 Section)

Visa Type		Issue Date	Month	Day	Year
Expiration Date			Month	Day	Year

I-94 INFORMATION

(No I-94 yet; skip to "SEVIS Information" Section)

I-94 Admission Number (if residing in the U.S.)			
Expiration Date (unless D/S)	Month	Day	Year
<input type="checkbox"/> D/S Duration of Status (no expiration date)			

SEVIS INFORMATION

(No SEVIS ID Number; skip to "Optional/Curricular Practical Training" Section)

SEVIS ID NUMBER (N#####)			
I-20 Issuing School Name			
Expiration Date	Month	Day	Year

OPTIONAL/CURRICULAR PRACTICAL TRAINING

Please indicate dates for which you have been authorized for Optional Practical Training (OPT) or Curricular Practical Training (CPT). Prepare to submit a copy of your Employment Authorization Document (EAD).

I never received authorization for OPT/CPT (skip to "FINANCIAL SUPPORT" section)

How many times have you received approval for OPT/CPT?

1

2


3

4 or more


Authorizing School Name

Sources of Financial Support: *What is your source of financial support? Mark all that apply*


Personal Funds: Bank balance verification letter signed and stamped by an officer of your bank.

Amount guaranteed per year  \$

Parent Sponsor – Bank balance verification letter signed and stamped by an office of your bank.

Amount guaranteed per year  \$

Scholarship/Grant – Copy of your award letter signed by sponsoring organization or government office

Amount guaranteed per year  \$

Enrollment Objective:

Please choose one enrollment objective 