

Ankeny Campus 2006 S. Ankeny Blvd., Building 5, Room 1120A Ankeny, IA 50023-3993 515-965-7180

INTERNATIONAL STUDENT INFORMATION SHEET

Please complete this information, which is necessary for your I-20 form and for DMACC's records. Make sure all blanks are completed. (Please Print)

	(Fas	nily Name/Surname)	(First Name)	(Middle Name
Preferred enrolln	nent date	(Semester)	(Year)	
		(Semester)	(Year)	
Date of Birth(Month/Day/Year)				
Country of Birth		Country of C	itizenship	
Native Language		Intended Aca	ndemic Program of Study	
Expected Visa T	Type:			
☐ F-1 (Degree)	☐ Other			
Anticipated Dat	e of arrival in the U	Inited States		
Student's current	mailing address			
(Street)		(City)	(State/Provinc	e)