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Atlanta Metropolitan State College

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Atlanta, GA 30310

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REQUIRED SEVIS DATA FOR INTERNATIONAL STUDENT RECORDS Required Address Information

FAMILY NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

STUDENT ID 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: _____