



Atlanta Metropolitan College

Office of Admissions and Enrollment Management

1630 Metropolitan Parkway, S. W.

Atlanta, GA 30310

Phone: (404) 756-4004 ~ Fax: (404) 756-4407

INTERNATIONAL STUDENT IDENTIFICATION AND CONTACT INFORMATION (*SEVIS Requirement*)

IDENTIFICATION 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 College currently offers.)*

CURRENT UNITED STATES ADDRESS

Address: _____

Street Address

Apartment/Unit

City

State

Zip

E-Mail Address: _____

Current Telephone Number: _____

FOREIGN ADDRESS

Foreign Street Address (No P.O. Boxes): _____

City: _____

Province/Territory: _____

Postal Code: _____

Country: _____

Applicant's Signature: _____ Date: _____