

VISA INFORMATION FOR INTERNATIONAL
EXCHANGE STUDENTS
BRIDGEWATER STATE UNIVERSITY

Please complete the following information immediately and return this form to the Division of External Affairs, Bridgewater State University, Bridgewater, MA 02325. This information will be used to complete your DS-2019 student visa form. (Formerly IAP-66)

Please make sure that all information agrees with the information in your passport.
Print clearly.

Family Name: _____ First Name: _____ Middle Name: _____

Male _____ Female _____

Date of Birth: _____
Month Day Year

Place of Birth: _____
City Country

Country of Citizenship _____

Country of Residence _____

Period of Exchange: Fall 20 ____ Spring 20 ____ Academic Year 20__-20__

Field of Study or Academic Major: _____

E-mail Address: _____

Please print your permanent mailing address below:

