

CONTACT INFORMATION FOR F1 VISA STUDENTS

Student's Name: _____

Date of Birth (mm/dd/yyyy): _____ Citizenship Country: _____

List two people in your **home country** that Macomb Community College can contact in case of an emergency:

Name: _____ Phone Number: _____

Address: _____ City: _____

Province: _____ Country: _____ Postal Code: _____

Name: _____ Phone Number: _____

Address: _____ City: _____

Province: _____ Country: _____ Postal Code: _____

List two people in the **United States** that Macomb Community College can contact in case of an emergency:

Name: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip code: _____

Name: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip code: _____

Signature: _____ Date: _____