



# INTERNATIONAL ADMITTED STUDENT REPLY FORM

## WELCOME TO TRINITY! We can't wait for you to join our campus community.

Fill out this form and mail in the enclosed envelope for those residing in the U.S. or fax to 210-999-8164 when you submit your enrollment deposit. PLEASE PRINT.

### YES, I PLAN TO ATTEND TRINITY

I HAVE MADE THE \$500 DEPOSIT REQUIRED OF ALL STUDENTS  Online at [www.trinity.edu/deposits](http://www.trinity.edu/deposits)  Enclosed with this form

NAME (on your passport) First		Middle	Last/Family
Student Email (active prior to enrollment)		Social Security # (if applicable)	
City of Birth	Country of Birth		Country(s) of Citizenship
Intended TU Major		Signature	

#### FOREIGN ADDRESS (if applying for non-immigrant visa)

Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

Province/Territory \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

#### UNITED STATES ADDRESS (if applicable)

Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ County (TX) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### PERMANENT MAILING ADDRESS (all documents will be sent to this address)

Foreign  United States

Check if it will change prior to enrollment. Date of change: \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

#### FUTURE ADDRESS (if changing)

Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

Province/Territory/State \_\_\_\_\_

Postal Code/Zip \_\_\_\_\_

Country \_\_\_\_\_

#### VISA STATUS (if applicable)

F-1  B-2  L-2  H-4  E-2  Other \_\_\_\_\_

Do you currently have an I-20?  YES  NO If yes, SEVIS ID # \_\_\_\_\_

Provide copies of *all* your immigration paperwork. If transferring immigration status to Trinity, please complete and include transfer report: [www.trinity.edu/departments/iss](http://www.trinity.edu/departments/iss)

#### FOR OUR RECORDS AND FUTURE NOTIFICATIONS

#### PARENT 1 / GUARDIAN

Mother  Father  Stepmother  Stepfather  Guardian

Name (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last/Family) \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

#### PARENT 2 / GUARDIAN

Mother  Father  Stepmother  Stepfather  Guardian

Name (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last/Family) \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

With whom do you make your permanent home?

Parent 1/Guardian  Parent 2/Guardian  Both

Other (please specify) \_\_\_\_\_

Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

Province/Territory/State \_\_\_\_\_

Postal Code/Zip \_\_\_\_\_ Country \_\_\_\_\_