O ce of Undergraduate Admissions PO Box 6001, Binghamton, New York 13902-6001 USA +1-607-777-2171, Fax: +1-607-777-4445 international@binghamton.edu, binghamton.edu/admissions

If a student visa is required to enroll, submission upon enrollment.	of the Interna tional Stude nt F in an cial Statement and an official bank statement verifying a total o	f \$50,800 is require c

Please complete and return with required documentation.

P	ART I: APPLICANT INF Binghamton University Reference Num	• • • • • •		(if unknown, please k	eave blank)			
	Name of applicant:		\$\$\$\$	/	\$\$\$\$\$ /			
		family/last name «		first name		middle name		
	Permanent address in home country	Permanent address in home country			\$\$\$\$			
4.	Major eld of study (see list of academic of	o erings)						
5.	Birth date (month/day/year)	/		City of birth	<u>.</u>			
6.	Country of citizenship			Country of birth				
7.	A student wishing to have his/her family per calendar year of intended study: Sp					/ member		
	U I plan to come without dependents. UThe following dependents will accompany me (list names and relationships):							

PART III: VERIFICATIONS

Please be sure to sign and date this form. Did you check all applicable boxes and answer all questions?

Please retain a copy of this form and all attachments for your records. Please return this form with all additional documentation directly to: O ce of Undergraduate Admis sions, Binghamton University, PO Box 6001, Binghamton, New York 13902-6001 USA. Phone: +1-607-777-2171, Fax: +1-607-777-4445, Website: binghamton.edu/admissions, Email: international@binghamton.edu