

**INTERNATIONAL & EXPERIENTIAL EDUCATION**

**NEW STUDENT INFORMATION FORM**

BIOGRAPHICAL INFORMATION	
NYIT STUDENT ID #	
FAMILY NAME	
GIVEN NAME	
PHONE & EMAIL	
DATE OF ARRIVAL IN U.S.	
UNITED STATES ADDRESS - CAN BE HOTEL ADDRESS	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
FOREIGN ADDRESS	
CITY OF BIRTH	
STREET ADDRESS	
CITY, PROVINCE, POSTAL CODE	

**Note:** Two emergency contacts are necessary while one local contact is fine if you are newly arrived.

U.S. CONTACT INFORMATION			
CONTACT #1		CONTACT #2	
FAMILY NAME		FAMILY NAME	
GIVEN NAME		GIVEN NAME	
PHONE   CELL		PHONE   CELL	
EMAIL ADDRESS		EMAIL ADDRESS	
EMERGENCY CONTACT INFORMATION – FAMILY MEMBER			
CONTACT #1		CONTACT #2	
FAMILY NAME		FAMILY NAME	
GIVEN NAME		GIVEN NAME	
PHONE   CELL		PHONE   CELL	
EMAIL ADDRESS		EMAIL ADDRESS	

*I attest to the truthfulness of the above information, I understand that the information is necessary with regards to informing related parties should anything happen to me during my stay.*

By submitting this application, you authorize NYIT to make inquiries should anything occur that would require the information that you have supplied.

SIGNATURE	
SIGNATURE	
NAME	
DATE	