

74 King Street
COLLEGE St. Augustine, FL 32084

Phone: (904)-819-6351 Email: InternationalCenter@flagler.edu

International Center Home of Study Abroad and International Student Services

FCIC Staff Initials: _____

PERSONAL INFORMATION FORM

International (F-1) students are asked to submit this form to the International Center whenever there is a change to their academics, legal name or address. U.S. law requires that students notify the International Center within 10 days of these changes. Please keep the International Center as up to date as possible on your academics, legal name and U.S. address.

Personal Information: All must complete		
Family Name:	First Name:	Date of Birth//
Flagler ID:	_ Visa Type (circle one): F J Antic	ipated Graduation Date/
City of Birth:	Country of Citizenship:	
U.S. Phone Number: Home Country Phone Number:		
Non-Flagler Email:		_
Change in Legal Name: Only	students changing their legal names must	complete
Legal New Family Name:	Legal New Family Name: Legal New First Name:	
Gender Affirmation (provide new gender):		
I am submitting evidence to this form (please check):☐ Yes ☐ No (If you check <i>No</i> , we cannot process your request.)		
Change in Academics: Only s	tudents changing academics must complet	te
Please check what applies to yo	our situation:	
☐ I am changing my major.	☐ I am changing my minor.	☐ I am changing my graduation date.
New Major	New Minor:	New Graduation Date://////
Change in Address: Only stud	dents changing their address must complet	e
Current Address (include dorm room if living on campus):		
New Address:		
Mailing Address (if different from physical address):		
**Please allow 5 business day. International Center staff pers	• • •	ould your request result in a new Form I-20, an
Student Affirmation: I confirm International Center if this info		e. I will continue to update the Flagler College
Signature		Date

Updated: 05/05/2020