International Student Advising Form							
Personal Information	Name			Student ID			
	Date of Birth			Contact Number	()	-	
	Student E-mail	@stonybrook.edu @fitnyc.edu		Entry Yr/ Semester	20 () 🗆 S	pring 🗆 Fall	
	Dont	□ AMS □ BUS □ C □ FD □ FBM	CS 🗆 MEC 🗆 TSM		□ UG □ MS □ PhD		
Inquiries	 Academic Advising Credit Transfer University Requirements Leave of Absence/ Academic Standing Academic Policy & Regulations University Withdrawal University Withdrawal 						
Detailed Written Statement							
Meeting Schedule	With Whom						
	Date / Time	Monday Tuesday		Wednesda	y 🛛 Thursday	🗆 Friday	
						-	
Internationa l Student Checklist	Required Documents Residence Card Visa Type: Expiration Date: Passport Expiration Date: 		 D-2 Visa Work Permit Needed (If needed, contact Student Services) No Needed 		□ Yes	YesDate of Departure:	
	 Are you living in the same residence address written on your RC? Yes No, the address has changed to						
Student's Signature Date							
OFFICE USE ONLY							
Advising Note							

Please bring this advising form to Student Services Office A208 in person.

Date of Advising:

Advised by: (Signature)