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613 South Henry Street
Williamsburg, VA 23185

E n tu r nt App w t on oo

Year: 20___

Semester: Fall Spring

Full Name: _____, _____, _____
Last First Middle

Gender: Male _____ Social Security # _____
Female Date of Birth (mm/dd/year) (If available)

Country of Citizenship: _____ **Will you require a visa?** _____

Present Mailing Address:

_____
Street

_____
City Postal Code Country

_____
Phone Number (Day) (Evening) E-mail Address

Permanent Mailing Address:

_____
Street

_____
City Postal Code Country

_____
Phone Number (Day) (Evening) E-mail Address

After what date should correspondence be sent to your permanent address: _____
Month Day Year

Signature _____ Date_____