

INTERNATIONAL MILITARY STUDENT INFORMATION

*Form Approved
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The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0702-0064). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

1. NAME OF NATIVE COUNTRY		2. DATE PREPARED (YYYYMMDD)		3. SCHEDULED DATE OF ARRIVAL IN U.S. (YYYYMMDD)	
4. NAME OF STUDENT					
a. FULL NAME (In Roman letters in order normally used, with surname in capital letters. Provide accent for last name, or phonetic pronunciation, as appropriate.)					
b. NAME(S) BY WHICH INDIVIDUAL PREFERS TO BE ADDRESSED					
(1) IN OFFICIAL CORRESPONDENCE			(2) ORALLY AT OFFICIAL GATHERINGS		
(3) FULL NAME IN NATIVE ALPHABET (Including Standard Telegraphic Code or other transcription code)			(4) VARIANTS, ALIASES OR NICKNAMES		
5. RANK (Full official terms)					6. DATE OF RANK (YYYYMMDD)
a. ENGLISH LANGUAGE		b. NATIVE LANGUAGE			
7. POSITION/BILLET					
a. PRESENT POSITION (Position prior to U.S. training tour)			b. MILITARY ADDRESS		
c. ANTICIPATED POSITION UPON RETURN TO NATIVE COUNTRY			d. SCHEDULED DATE OF DEPARTURE FROM U.S. (YYYYMMDD)		
e. SCHEDULED U.S. SERVICE SCHOOL(S)			f. SCHEDULED COURSE(S)		
(1)			(1)		
(2)			(2)		
(3)			(3)		
(4)			(4)		
8. BRANCH OF MILITARY SERVICE (X one)			9. SPECIALTY/OTHER ORGANIZATIONS (Ministry of Defense, space programs, etc.)		
<input type="checkbox"/> ARMY	<input type="checkbox"/> AIR FORCE				
<input type="checkbox"/> NAVY	<input type="checkbox"/> SPECIAL BRANCH (Specify)				
10. DATE OF BIRTH (YYYYMMDD)		11. PLACE OF BIRTH (Town, State, Province, Country)		12. SEX (X one)	
				<input type="checkbox"/> MALE	
				<input type="checkbox"/> FEMALE	
13. HOME ADDRESS		14. TELEPHONE NUMBER (Include area code if applicable)		15. MARITAL STATUS (X one)	
		a. HOME		b. WORK	
				<input type="checkbox"/> MARRIED	
				<input type="checkbox"/> SINGLE	
16. CITIZENSHIP (Indicate country(ies))		17. NATIONALITY		18. RELIGIOUS AFFILIATION (If any)	
19. TITLES, HONORIFICS (Prince, Doctor, Pandit, etc.)			20. HIGH ORDER DECORATIONS (Native, U.S., other; explain)		
21. PHYSICAL DESCRIPTION					
a. HEIGHT (Inches)	b. WEIGHT (Pounds)	c. COLOR OF HAIR		d. COLOR OF EYES	e. FACIAL HAIR (X if applicable)
					<input type="checkbox"/> BEARD
					<input type="checkbox"/> MUSTACHE

22. MEMBERSHIP IN ORGANIZATIONS (Professional, social, military, other. Enter inclusive dates of membership (YYYYMMDD).)

23. PREFERENCES (Food, drink, tobacco, entertainment, sports, hobbies, other special interests.)

24. PUBLISHED WORKS BY OR ABOUT INDIVIDUAL (Title of article or book; if article, name of publication in which appearing, date published (YYYYMMDD).)

25. CIVILIAN EDUCATION (University, college or highest level schools, locations, major courses, degrees, honors; inclusive dates (YYYYMMDD).)

26. LANGUAGES (Proficiency, dialects, degree of fluency, ability to act as translator/interpreter.)

27. INTERNATIONAL TRAINING/TRAVEL (Countries, dates (YYYYMMDD), purpose.)

28. PHOTO SUBMITTED (X)		YES		NO	29. DATE OF PHOTO, IF SUBMITTED (YYYYMMDD)
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30. MILITARY SERVICE (Chronologically, inclusive dates (YYYYMMDD) and location(s). Military schools, in-country and foreign; promotions (specify rank and dates - YYYYMMDD); foreign service; units served/positions held; retired/reserve status; involvement with programs/activities/key people. Use additional pages, if necessary.)

31. DEPENDENCY DATA (If accompanied)

a. FULL NAME OF SPOUSE	b. DATE OF BIRTH OF SPOUSE (YYYYMMDD)
c. PLACE OF BIRTH OF SPOUSE (Town, State, Province, Country)	d. CITIZENSHIP OF SPOUSE (Indicate country(ies))
e. NATIONALITY OF SPOUSE	

f. CHILDREN (If accompanied)

(1) NAME	(2) SEX	(3) DATE OF BIRTH (YYYYMMDD)