



DEPARTMENT OF COMMERCE

Commonwealth of the Northern Mariana Islands

Caller Box 10007 C.K., Saipan, MP 96950

www.commerce.gov.mp

\$25 FEE

ANNUAL FOREIGN STUDENT REGISTRATION FORM

☐ STUDENT ☐ STUDENT I.R.

Name (Surname, First Name, Middle Name)				Date of Birth	
Mailing Address:					
Physical Address:					
Contact No.	Home Phone:		Mobile Phone:		
Country of Citizenship		Passport Number		Place of Issuance	Expiration Date
<input type="checkbox"/> Male <input type="checkbox"/> Female	Immigration Permit No.			Expiration Date	
Sponsoring company/school:					
Contact No.		Fax:		Email Address:	
Name(s) and age(s) of dependent(s) in the CNMI, if any: _____ _____ _____					
Name of legal sponsor, if under the age of 18				Contact No. of sponsor	
Name of Insurance Company:					

I HEREBY CERTIFY AND SWEAR, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED HEREIN ARE TRUE AND CORRECT. I further understand that any false, misleading and/or incomplete information of material facts constitutes grounds for revocation of permit, payment of fines or deportation from the CNMI.

Signature of Applicant

Date

Signature of Sponsor

Date

The following documents shall be attached to this registration form:

- ☐ Copy of passport;
- ☐ Police Clearance (18 yrs. or older);
- ☐ Certification of enrollment or school transcripts;
- ☐ 1 ½ x 1 ½ current photo
- ☐ Copy of health insurance card

FOR OFFICIAL USE ONLY

Application Fee: _____ ☐ Cash ☐ Check ☐ Money Order OCR No. _____ Date _____

Reviewed by _____
Print Name and Sign Date