



DEPARTMENT OF COMMERCE  
Commonwealth of the Northern Mariana Islands  
Caller Box 10007 C.K., Saipan, MP 96950

Photo

1½ X 1½

FOREIGN STUDENT  
APPLICATION FOR ENTRY PERMIT

<input type="checkbox"/> NEW (\$250.00)		<input type="checkbox"/> RENEWAL (\$100.00)		<input type="checkbox"/> EXTENSION (\$100.00)	
APPLICANT MUST TYPE OR PRINT CLEARLY THE FOLLOWING INFORMATION					
I hereby apply for permission to enter the Commonwealth of the Northern Mariana Islands and in support of my application submit the following information					
1. Family Name		First Name		Middle Name	
2. Age		3. Date of Birth		4. Birth Place	
5. Nationality/Citizenship		6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		7. Height	
8. Weight		9. Color Eyes		10. Color Hair	
11. Passport No.		11a. Date of Issue		11b. Expiration Date	
12. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced, When? _____				13. No. of Dependents:	
14. Address in the CNMI (Lot No., Street Name, Village):				15. Applicant's Contact No. in CNMI:	
16. Mailing Address:				17. Email Address:	
18. Name of educational institution student is admitted:					
19. Applicant Sponsored By (if self, please go to line 22): <input type="checkbox"/> Self <input type="checkbox"/> Parent or Legal Guardian <input type="checkbox"/> Official from Educational Institution <input type="checkbox"/> Other (Specify) _____					
20. Name of Parent or Legal Guardian:		20a. Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Non-U.S. (Specify) _____ Entry Permit No. _____ Classification _____			
21. Name of Sponsor & contact number:		21a. Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Non-U.S. (Specify) _____ Entry Permit No.: _____ Classification _____			
22. Have you ever been granted a CNMI Entry Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, Entry Permit No. & Classification)					
23. Do you have health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, name of insurer & policy number)					
24. Have you ever been deported from the CNMI? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, date & reason)					
25. Have you ever been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, type of offense & date convicted)					

26. Do you, your sponsor or immediate relative under this application have any pending or on-going CNMI Labor, Immigration, or legal case? ☐ Yes ☐ No (if yes, please explain)

THE APPLICANT HEREBY CERTIFIES AND SWEARS, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED HEREIN ARE TRUE AND CORRECT. Applicant further understands that any false, misleading and incomplete information of material facts constitutes grounds for Denial or Revocation of Application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sponsor/Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Educational Institution (Authorized)

\_\_\_\_\_  
Date

**MAP OF EXACT LOCATION TO RESIDENCE**

**FOR OFFICIAL USE ONLY**

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

Reviewed by \_\_\_\_\_  
Print Name and Sign

\_\_\_\_\_  
Date

Recommendation: ☐ Approval ☐ Disapproval

Reason for disapproval \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Approved ☐ Disapproved

\_\_\_\_\_  
Secretary of Commerce

\_\_\_\_\_  
Date