



# New International Student Check-In Form

Name: \_\_\_\_\_  
Family/Last Name Given/First Name

Today's Date: \_\_\_\_\_  
Month / Day / Year

### Check all that apply:

<input type="checkbox"/> New International Student	<input type="checkbox"/> F-1 Status	<input type="checkbox"/> Graduate
<input type="checkbox"/> SEVIS Transfer Student	<input type="checkbox"/> J-1 Status	<input type="checkbox"/> Undergraduate
<input type="checkbox"/> Sponsored J-1 Student	<input type="checkbox"/> Other Status: _____	<input type="checkbox"/> Non-Matriculated/ Non-Degree
My sponsor is: _____		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Exchange Student		
<input type="checkbox"/> Change of Status		

### Check-In Documents Submitted (via email or at check in appointment)

<input type="checkbox"/> I-20/ DS-2019	<input type="checkbox"/> Passport	<input type="checkbox"/> I-94 card	<input type="checkbox"/> Visa	<input type="checkbox"/> Photo	<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Dependent Documents
NSAS Date: _____						

### Temporary Arrival Information (if applicable)

Arrival Address: _____ Building Number Street Address Apt /Room # City State Zip Code
Arrival Phone #: _____ Is this address temporary? <input type="checkbox"/> No <input type="checkbox"/> Yes, until _____ Month / Day / Year
Current Email: _____ Cell Phone #: _____ Area Code - Phone Number

### US Address Information

US Address: _____ Number Street Address Apt /Room # City State Zip Code
How long will you be at this address? _____ US Phone #: _____ Month / Day / Year to Month / Day / Year Area Code - Phone Number
Current Email: _____ ESF Email: _____

### Home Country Emergency Contact Person

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____ First Name Last Name	<input type="checkbox"/> Speaks English	<input type="checkbox"/> Doesn't Speak English
Relationship to You: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____		
Address: _____ Street Address City/Town Province/ State Postal Code		
Telephone Number: _____ Email Address: _____ Country Code - City Code - Phone Number		

### US Emergency Contact Person

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____ First Name Last Name	<input type="checkbox"/> Speaks English	<input type="checkbox"/> Doesn't Speak English
Relationship to You: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____		
Address: _____ Street Address City/Town Province/ State Postal Code		
Telephone Number: _____ Email Address: _____ Area Code - Phone Number		

Print Name

Signature

Date

Please complete the back of this form if you have dependents.

