

OFFICE OF INTERNATIONAL STUDENTS & SCHOLARS
Student/Scholar Check-in Information Sheet

Name:
Family First Middle

Date of Birth: **Place of Birth:** **Sex:** ☐ Male ☐ Female
(month/day/year) City Country

Marital Status: Single Married

Dependents with you in the U.S:
(Family name, First name, Middle name):

Local Address:
Number & Street City State Zip Code

Local Phone: **E-Mail:**
Off-campus On-campus

Foreign Address:
Number & Street

.....
City State/Province Postal Code Country

Student **Scholar** **Other**
___ Bachelor's ___ Research ___ Visiting Teacher **Department:**
___ Master's ___ Teaching ___ Inter-Institutional
___ Ph.D.
___ Exchange/Visiting

Emergency Contact Abroad: (indicate country).....

Name: **Relationship:**

Address: **Telephone/E-Mail:**

Alternate Emergency Contact: (optional)

Name: **Relationship:**

Address: **Telephone/E-Mail:**

I understand and agree that maintaining my immigration status is my responsibility:

Signature..... Today's Date.....

For OISS Use Only

Date admitted to visa status...../...../.....

Passport No:..... Passport Exp. Date/...../..... Passport Country:.....

Visa No: Visa Date:/...../..... Visa Exp. Date:/...../..... Visa Post Code

I-94 (Visa) Status ___ F-1 ___ J-1 ___ H1-B ___ Other..... I-94 (Stay Authorized to) Date:/...../..... ☐ D/S

I-94 Number Last Arrival Date:/...../..... Port of Entry

I-20/DS-2019 Expiration Date:...../...../..... SEVIS ID# N00_____ ☐ SEVIS Fee Paid

Comments:

.....

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☐ **J-1 Insurance Proof NOT Provided** (add comments above)

☐ **Checked in OISS** **Date:**/...../.....

Signature of DSO/ARO

☐ **J-1 Insurance Proof Provided**

☐ **Referred to Payroll**

☐ **Referred to HR**