3141 Chestnut Street Main Building, Suite 222

Phone: 215.895.2502: Email: <a href="mailto:lSSS@drexel.edu">lSSS@drexel.edu</a>
Office Hours: Monday – Friday, 9am – 5pm EST

## I-20/DS-2019 Registration Form

Per federal registrations, F-1 and J-1 visa holders are required to register with the International Students and Scholars Services Office (ISSS) upon arrival to the US, or shortly after receiving approval for a change of status.

Family/Last Name:	Given/First I	Name:	
Student ID Number:	US Phone No	umber:	
Non-Drexel Email:		t have a US phone number, leave bla per to update ISSS as soon as you hav	
US Address:			
Street Address:	A	.PT/Unit/Room:	
City:	State:	Zip Code:	
Emergency Contact Information for some Contact's Name:		ly needed if you have one) elationship:	
Email:	P	hone Number:	
Emergency Contact Information for someone in your home country:  Contact's Name: Relationship:  Email: Phone Number:  Please read and check the following boxes:  I have read page 3 of my I-20 or page 2 of my DS-2019 outlining the rules and regulations of my visa.  I understand the requirements of my visa and the responsibilities as a holder of an F-1/J-1 visa.  I give Drexel University authorization to contact my listed emergency contacts in case of an emergency.  I have completed this form and will send all necessary registration documents as one PDF			
By signing/typing my name below, I conf Student's Signature: (Type or sign)		ation provided is accurate.  Pate:(mm/dd/yyyy)	