



INTERNATIONAL STUDENT PROGRAM

CHECK-IN FORM

Today's Date: _____

Semester: Spring _____ Fall _____

SEVIS#: N _____ Telephone #: _____

Students Name:

Last: _____ First: _____ Middle: _____

Address in the U.S.:

Street Name: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Date of Birth: Month _____ Date _____ Year _____

Country of Birth: _____ Country of Citizenship: _____

Arrival Date: Month _____ Date _____ Year _____

I-94 #: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Telephone: _____

Passport #: _____ Passport Expiration Date: _____

Visa Type: _____ Visa Number: _____

Student Signature: _____

Date: _____