

## International Student Services

## New Student Check-In Form

As an international student on an F-1 visa, you must check in with the International Student Services (ISS) office. Failure to complete the mandatory check-in may result in your immigration record being terminated. Please bring this form with the following documents listed below in order to successfully check-in with the ISS office:

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| <input type="checkbox"/> Copy of passport biographical page                                    | <input type="checkbox"/> Proof of health insurance   |
| <input type="checkbox"/> Copy of visa stamp  | <input type="checkbox"/> International Student Financial Acknowledgement Form                    |
| <input type="checkbox"/> I-94 record from <a href="http://www.cbp.gov/i94">www.cbp.gov/i94</a> | <input type="checkbox"/> F-1/J-1 International Student Regulations Form                          |
| <input type="checkbox"/> Copy of previous I-20s, page 1 and 2 (if applicable)                  | <input type="checkbox"/> Government Sponsored 3 <sup>rd</sup> Party Consent Form (if applicable) |
| <input type="checkbox"/> Copy of CSUDH I-20, page 1 and 2                                      |  |

PERSONAL INFORMATION			
LAST/FAMILY NAME:			
FIRST/GIVEN NAME:			
CSUDH STUDENT ID:	DATE OF BIRTH (MM/DD/YYYY):	FIRST SEMETER/YEAR AT CSUDH:	
DO YOU HAVE FAMILY MEMBERS AS YOUR DEPENDENTS IN THE U.S.?		<input type="checkbox"/> NO <input type="checkbox"/> YES, SUBMIT COPIES OF DEPENDENT'S IMMIGRATION DOCUMENTS	
U.S. ADDRESS:	HOUSE:	STREET ADDRESS:	UNIT NUMBER:
	CITY:	STATE:	ZIP CODE:
	HOME NUMBER:		CELL PHONE:
CSUDH EMAIL:		PERSONAL EMAIL:	
FINANCIAL SPONSORSHIP:	<input type="checkbox"/> GOVERNMENT SPONSORED BY:	<input type="checkbox"/> THIRD-PARTY SPONSORED BY:	<input type="checkbox"/> SELF-SPONSORED
EMERGENCY CONTACT INFORMATION (IN THE U.S.)			
CONTACT'S NAME:		RELATION TO STUDENT:	
EMAIL:		PHONE NUMBER:	
STREET ADDRESS:			
CITY:	STATE/PROVINCE:	ZIP CODE:	
EMERGENCY CONTACT INFORMATION (OUTSIDE THE U.S.)			
CONTACT'S NAME:		RELATION TO STUDENT:	
EMAIL:		PHONE NUMBER:	
STREET ADDRESS:			
CITY:	STATE/PROVINCE:	COUNTRY:	