

INTERNATIONAL STUDENT CHECK-IN FORM

First Name _____ Last Name _____ Monroe ID # _____

Physical Address in the U.S. (Building number, street name, apartment/floor/suite number, city, state, and zip) _____

Email Address _____ U.S. Cell Phone Number _____

Academic Program (check one): ☐ ELLI ☐ Certificate ☐ Associate ☐ Bachelor ☐ Master's

SEVIS ID Number (top left corner of I-20): N _____

WELCOME! We use this form to notify the U.S. Government that you have reported to school.

Please Note: Changes to your address must be reported to the DSO within 10 days.

Start Term (add the year): ☐ Fall 20____ ☐ Winter 20____ ☐ Spring 20____

Visa Type (check one): ☐ F-1 ☐ J-1 ☐ Other (please specify) _____

I-94 Admission Number (www.cbp.gov/i94): _____

In case of an emergency, I give Monroe University permission to contact this person:

Name _____ Relation to you _____

Email Address _____

Cell Phone _____ Home Phone _____

In what city/state/country is this person located? _____

Signature Here _____ Date _____