

### GLOBAL INITIATIVES

International Services and Engagement Office

## ISEO SPECIAL PROGRAMS CHECK-IN FORM

*This form is used to verify and confirm that a UC San Diego International Student has arrived in the U.S. and has reported to the campus and their program of study. Data collected is for reporting purposes only. International Services and Engagement Office / University of California, San Diego.*

### SECTION 1: PROFILE INFORMATION

*NOTE: Write name as it appears in the passport biographical page.*

**NAME OF STUDENT:** \_\_\_\_\_  
(Family/Last Name) (First Name) (Middle Name)

**E-MAIL:** \_\_\_\_\_

**U.S. PHONE NUMBER (AREA CODE FIRST):** \_\_\_\_\_

**PROGRAM:**

Global Leadership Institute (GLI)

Health Science International (HSI)

International Summer Research Program (ISRP)

Post-Completion Academic Training

### SECTION 2: VISA TYPE AND SEVIS ID NUMBER

*NOTE: Your SEVIS number starts with "N" and is located on the top right of the DS-2019 and the top left of the I-20.*

**VISA TYPE:** F-1 VISA J-1 VISA

**SEVIS ID NUMBER (STARTS WITH N):** \_\_\_\_\_

### SECTION 3: ADDRESS VERIFICATION

*NOTE: Submit your current U.S. address of residence and your home country address.*

**U.S. ADDRESS:**

\_\_\_\_\_  
(House/Apartment Number) (Street Name) (City) (State) (Zip Code)

**HOME COUNTRY ADDRESS:**

\_\_\_\_\_  
(House/Apartment Number) (Street Name) (City) (State/Province) (Zip Code)

\_\_\_\_\_  
(Country)

## SECTION 4: DEPENDENT(S) INFORMATION

NOTE: Dependent(s) = Spouse/Partner, Child, Sister/Brother, Mother/Father

**DO YOU HAVE A DEPENDENT(S) ACCOMPANYING YOU TO UC SAN DIEGO DURING YOUR PROGRAM OF STUDY?**

Yes

No

If you answered "Yes" above and have a dependent(s) accompanying you during your program of study, fill out the information below, regardless if your dependent(s) is/are arriving to UC San Diego at a later date. \*

\*Please notify your Program Administrator if your dependent(s) will arrive at a later date.

**DEPENDENT 1:** \_\_\_\_\_  
(Family/Last Name) (First Name) (Middle Name)

**E-MAIL:** \_\_\_\_\_

(If your dependent is a child, enter your e-mail address)

**U.S. PHONE NUMBER (AREA CODE FIRST):** \_\_\_\_\_

(If your dependent is a child, enter your own phone number)

**RELATIONSHIP:**

Spouse/Partner

Child

Mother

Father

Sister

Brother

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**DEPENDENT 2:** \_\_\_\_\_  
(Family/Last Name) (First Name) (Middle Name)

**E-MAIL:** \_\_\_\_\_

(If your dependent is a child, enter your e-mail address)

**U.S. PHONE NUMBER (AREA CODE FIRST):** \_\_\_\_\_

(If your dependent is a child, enter your own phone number)

**RELATIONSHIP:**

Spouse/Partner

Child

Mother

Father

Sister

Brother

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**DEPENDENT 3:** \_\_\_\_\_  
(Family/Last Name) (First Name) (Middle Name)

**E-MAIL:** \_\_\_\_\_

*(If your dependent is a child, enter your e-mail address)*

**U.S. PHONE NUMBER (AREA CODE FIRST):** \_\_\_\_\_

*(If your dependent is a child, enter your own phone number)*

**RELATIONSHIP:**

Spouse/Partner      Child      Mother      Father      Sister      Brother

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**DEPENDENT 4:** \_\_\_\_\_

(Family/Last Name)

(First Name)

(Middle Name)

**E-MAIL:** \_\_\_\_\_

*(If your dependent is a child, enter your e-mail address)*

**U.S. PHONE NUMBER (AREA CODE FIRST):** \_\_\_\_\_

*(If your dependent is a child, enter your own phone number)*

**RELATIONSHIP:**

Spouse/Partner      Child      Mother      Father      Sister      Brother

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**DEPENDENT 5:** \_\_\_\_\_

(Family/Last Name)

(First Name)

(Middle Name)

**E-MAIL:** \_\_\_\_\_

*(If your dependent is a child, enter your e-mail address)*

**U.S. PHONE NUMBER (AREA CODE FIRST):** \_\_\_\_\_

*(If your dependent is a child, enter your own phone number)*

**RELATIONSHIP:**

Spouse/Partner      Child      Mother      Father      Sister      Brother

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## **SECTION 5: U.S. EMERGENCY CONTACT INFORMATION**

*NOTE: Submit the contact information for an emergency contact person who resides in the United States.*

**U.S. EMERGENCY CONTACT:**

\_\_\_\_\_

(Family/Last Name) (First Name) (Middle Name)

**U.S. EMERGENCY CONTACT RELATIONSHIP:**

Spouse/Partner    Child    Mother    Father    Sister    Brother

Friend    UC San Diego Contact    Other Family Member

**U.S. EMERGENCY CONTACT E-MAIL:** \_\_\_\_\_

**U.S. EMERGENCY CONTACT PHONE NUMBER (AREA CODE FIRST):** \_\_\_\_\_

**U.S. EMERGENCY CONTACT ADDRESS:**

\_\_\_\_\_

(House/Apartment Number)    (Street Name)    (City)    (State)    (Zip Code)

**SECTION 6: INTERNATIONAL EMERGENCY CONTACT INFORMATION**

*NOTE: Submit the contact information for an emergency contact person who resides outside the United States, preferably a family member or close friend from your home country.*

**INTERNATIONAL EMERGENCY CONTACT:**

\_\_\_\_\_

(Family/Last Name) (First Name) (Middle Name)

**INTERNATIONAL EMERGENCY CONTACT RELATIONSHIP:**

Spouse/Partner    Child    Mother    Father    Sister    Brother

Friend    Other Family Member

**INTERNATIONAL EMERGENCY CONTACT E-MAIL:** \_\_\_\_\_

**INTERNATIONAL EMERGENCY CONTACT PHONE NUMBER (AREA CODE FIRST):** \_\_\_\_\_

**INTERNATIONAL EMERGENCY CONTACT ADDRESS:**

\_\_\_\_\_

(House/Apartment Number)    (Street Name)    (City)    (State)    (Zip Code)

## SECTION 7: HEALTH INSURANCE VERIFICATION

*J-1 Exchange Visitors are required by the U.S. Department of State to have health insurance for themselves and any accompanying dependents in J-2 status for the entire time they are in the United States as exchange visitors.*

*Although F-1 visa holders are not required by immigration law to have health insurance, UC San Diego has a mandatory health insurance requirement for all enrolled students.*

### ARE YOU CURRENTLY COVERED BY HEALTH INSURANCE IN THE UNITED STATES?

Yes

No

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