

(Country)

### **International Services and Engagement Office**

9500 Gilman Drive, Mail Code #0018 La Jolla, CA 92093-0018 Phone (858) 534-3730 istudents@ucsd.edu http://iseo.ucsd.edu

## 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: PROF	ILE INFORMATI	ON				
NOTE: Write name as	it appears in the pas	sport biographical page.				
NAME OF STUDENT:						
E-MAIL:	(Family/Last Name)		(First Name)	(Middle Name)		
U.S. PHONE NUMBER	R (AREA CODE FIRS	ST):				
PROGRAM:						
Global Leadership Institute (GLI)			Health Science International (HSI)			
International	Summer Research F	Program (ISRP)	Post-Completio	n Academic Training		
SECTION 2: VISA	TYPE AND SEV	IS ID NUMBER				
NOTE: Your SEVIS nu	mber 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 (S	TARTS WITH N):					
SECTION 3: ADDR	RESS VERIFICAT	TION				
•	rrent U.S. address of	residence and your hom	e country address.			
U.S. ADDRESS:						
(House/Apartment Number)	(Street Name)	(City)	(State)	(Zip Code)		
HOME COUNTRY ADI	DRESS:					
(House/Apartment Number)	(Street Name)	(City)	(State/Provin	(Zip Code)		

### 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?

	(Family/Last	Name)	(First Nam	ie)	(Middle Name)	
DEPENDENT 3:						
Spouse/Partner	Child	Mother	Father	Sister	Brother	
RELATIONSHIP:						
(If your dependent is a chil	d, enter your ow	n phone number)				
U.S. PHONE NUMBER (A	REA CODE FIR	ST):				
<sub>(п</sub> уойг иерепиент is a Chiii	u, erner your e-n	nan auuress)				
(If your dependent is a chil						
E-MAIL:			(First Name)		(Middle Name)	
DEPENDENT 2:	(Family/Last		(First Nam		(Middle Name)	
Spouse/Partner	Child	Mother	Father	Sister	Brother	
RELATIONSHIP:	Okita	Matters	Fa41	Cinter	Droth or	
(If your dependent is a chil	a, enter your ow	n pnone number)				
U.S. PHONE NUMBER (A		-				
II C DUONE NUMBER /A		CT).				
(If your dependent is a chil	d, enter your e-n	nail address)				
E-MAIL:						
	(Family/Last		(First Nam	ne)	(Middle Name)	
DEPENDENT 1:				a ration date.		
*Please notify your Program	m Administrator	if your dependent	(s) will arrive at a	a later date.		
If you answered "Yes" abo information below, regardle						
Yes	No	)				

(If your dependent is a child	l amtau					
	i, eriter your e-ri	nail address)				
U.S. PHONE NUMBER (AF	REA CODE FIR	ST):				
(If your dependent is a child	l, enter your owi	n phone number)				
RELATIONSHIP:						
Spouse/Partner	Child	Mother	Father	Sister	Brother	
DEPENDENT 4:						
	(Family/Last	Name)	(First Nan	ne)	(Middle Name)	
E-MAIL:						
(If your dependent is a child	l, enter your e-n	nail address)				
U.S. PHONE NUMBER (AF	REA CODE FIR	ST):				
(If your dependent is a child	l, enter your owi	n phone number)				
		•				
RELATIONSHIP:		,				
RELATIONSHIP:  Spouse/Partner	Child	Mother	Father	Sister	Brother	
		Mother		Sister	Brother	
Spouse/Partner		Mother			Brother  (Middle Name)	
Spouse/Partner		Mother				
Spouse/Partner  DEPENDENT 5:	(Family/Last l	Mother  Name)				_
Spouse/Partner  DEPENDENT 5:  E-MAIL:	(Family/Last l	Mother  Name)  nail address)	(First Nan	ne)		
Spouse/Partner  DEPENDENT 5:  E-MAIL:	(Family/Last	Mother  Name)  mail address)	(First Nan	ne)		
Spouse/Partner  DEPENDENT 5:  E-MAIL:  (If your dependent is a child  U.S. PHONE NUMBER (AF	(Family/Last	Mother  Name)  mail address)	(First Nan	ne)		_

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

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

(Family/Last Name)		(First Name)		(Middle Name	)	
U.S. EMERGENCY CONT	ACT RELATIONS	SHIP:				
Spouse/Partner	Child	Mother	Father	Sister	Brother	
Friend	UC San Die	ego Contact	Other Fam	ily Member		
U.S. EMERGENCY CONT	ACT E-MAIL:					
U.S. EMERGENCY CONT	ACT PHONE NU	MBER (AREA C	ODE FIRST):_			
U.S. EMERGENCY CONT	ACT ADDRESS:					
(House/Apartment Number)	(Street Name)	(City)		(Sta	ite)	(Zip Code)
SECTION 6: INTERNA	ATIONAL EME	RGENCY CO	ONTACT INFO	ORMATION		
NOTE: Submit the contact a family member or close f	riend from your h	ome country.	ntact person who	o resides outside	the United Sta	ates, preferab
(Family/Last Nam	ne)	(First Nan	ne)	(Middle Name	)	
INTERNATIONAL EMERG	SENCY CONTAC	T RELATIONSH	IIP:			
Spouse/Partner	Child	Mother	Father	Sister	Brother	
Friend	Other Fami	ly Member				
INTERNATIONAL EMERG	SENCY CONTAC	T E-MAIL:				
INTERNATIONAL EMERG	SENCY CONTAC	T PHONE NUM	BER (AREA CO	DE FIRST):		
INTERNATIONAL EMERG	SENCY CONTAC	T ADDRESS:				
(House/Apartment Number)	(Street Name)		(City)	(Sta		(Zip Code)

**U.S. EMERGENCY CONTACT:** 

### 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

10\_2024

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