

ISPO 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 Students & Programs 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

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

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

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

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

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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