### **International Students & Programs Office**



(Country)

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

## 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.

NOTE: Write name as i						
NAME OF STUDENT:						
NAME OF STODENT.	(Family/Last Na		(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 Pro	ogram (ISRP)	Post-Completion	on Academic Training		
SECTION 2: VISA	TYPE AND SEVIS	ID NUMBER				
			right of the DS-2019 and the	e top left of the I-20.		
VISA TYPE:	F-1 VISA	J-1 VISA	9			
SEVIS ID NUMBER (S	TARTS WITH N):					
·	•					
SECTION 3: ADDR						
NOTE: Submit your cui	rent U.S. address of re	esidence and your hom	ne country address.			
U.S. ADDRESS:						
(House/Apartment Number)	(Street Name)	(City)	(State)	(Zip Code)		
HOME COUNTRY ADI	,	(- 3)	(3.88.2)	( ),		
HOME COUNTRY ADI	ALGG.					
(House/Apartment Number)	(Street Name)	(City)	(State/Provi	nce) (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)		(ivildule ivalile)	
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:						
*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 Nam	e)	(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)	Apartment Number) (Street Name)		(City)		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 Name)		(First Name)		(Middle Name	)	
INTERNATIONAL EMERG	SENCY CONTAC	T RELATIONSH	IIP:			
Spouse/Partner	Child	Mother	Father	Sister	Brother	
Friend	Other Fami	ly Member				
INTERNATIONAL EMERG	BENCY 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

9\_2022

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