

MONROE COLLEGE

International Student Services

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 College 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

OFFICE OF STUDENT SERVICES

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