UCI International Center New Student Check-In Form

STUDENT SIGNATURE:				TODAY'S I	DATE [MM/DD/YYYY]:	
I VERIFY ALL THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.						
EMAIL:		T	TELEPHONE (include country code, if not in the U.S.):			
NAME:			RELATIONSHIP TO YOU:			
EMERGENCY CONTACT INFORMATION				THE TO VE	211.	
EMAIL						
PHONE NUMBER	CELL:					
	HOME:					
CITY:		STATE	STATE:		ZIP CODE:	
LOCAL US ADDRESS:						
	DRMATION					
DATE OF BIRTH (MM)	יטט/ינינין:					
UCI STUDENT ID #:						
FIRST NAME (as it app	pears in passport):					
	by of your Passport Biographical Page by of your DS-2019 If you require immigration advisement, please contact your visa sponsor if you need to make any updates to 19 or have questions about your J-1 status. HICAL INFORMATION IE (as it appears in passport): ENT ID #: BIRTH (MM/DD/YYYY): NTACT INFORMATION ADDRESS: STATE: ZIP CODE: UCI EMAIL: OTHER EMAIL: ICY CONTACT INFORMATION					
your DS-2019 or have	questions about your J-1 status		ntact your	visa spon	sor if you need to make any updates t	
☐ Copy of your D	OS-2019					
documents:	nal Center by emailing it to: <u>int</u>	<u>ternatio</u>	nalcenter(<u>@uci.edu</u> ,	along with the following required	
we are able to support	t you during your academic pro	ogram at	t the Unive	ersity of Ca	alifornia, Irvine. Submit this check-in	

 $\textbf{UCI International Center} \bullet \textbf{Irvine, CA 92697-5255} \bullet \textbf{P: 949.824.7249} \bullet \textbf{F: 949.824.3090} \bullet \underline{\textbf{international center@uci.edu}} \bullet \underline{\textbf{www.ic.uci.edu}}$