Check-In Date VISA USE ONLY:

International Student Check-In & Emergency Contact Form	(MM/DD/YYYY)	SOAHOLD SPAIDEN GOAINTL GOASEVS CF in SAAADMS	Terra DottaContinued I-20 SEVIS RIS Sheet Dependent RIS	_ Mailing List _ Athletics _ I-9 PPW
GENERAL INFORMATION ABOUT YOU				
Family name:	First & Mide	dle names:		
UIN:	Citizenship	:	City of Birth	
ODU e-mail:@odu.edu NON-ODU e-mail:				
Current visa status: O F1 O J1 O Other	F-1/J-1 Stud	dents: SEVIS ID number?	N	
Marital Status: O Single OMarried	Funding: _			
ACADEMIC INFORMATION				
I am O New student O Transfe	er student from another	US school O ODU s	tudent changing academi	c level
Academic level to study at ODU: O Bachel	ors O Master's	O PhD O MET		
Have you attended ODU before? O Yes	O No If " Yes, " what was	s your most recent status:	O ELC student O ODU/a	cademic student
REQUIRED: U.S. ADDRESS (it can be temporary address) Example: 1234 W 21st STREET Apt 1B Norfolk, VA Building Number & Street Name: Apt #: City: ZIP code: US Telephone: EMERGENCY CONTACT INFO IN THE U.S. (Unknown, leave blank) Name: Street:		Apt #: City: ZIP code: Telephone: IN YOUR HOME COUNT Name:		
E-mail:		·		
City:ZIP Code:		Relationship:		
Telephone:				
Relationship:				
Dependents CURRENTLY With You in the U.S. (F Dependent #1 Name Gender: O Male O Female This is my C	Spouse O Child	Dependent #3 Name Gender: O Male O Fe	emale This is my 🔘	Spouse O Child
Dependent #2	Spoudo O orilla	Dependent #4		Cpoudo Comu
Name	A Crause O Okild	Name	male This is an O	Chause C Obits
Gender: O Male O Female This is my C	Spouse O Child	Gender: O Male O Fe	emale This is my O	Spouse O Child
I give permission to the Visa & Immigration Service visa records. I also give permission to the VISA off				to update my school or

Date: _____

Effective: June 2020

Signature: _