OFFICE OF INTERNATIONAL STUDENTS & SCHOLARS

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J-1 SCHOLAR CHECK-IN FORM

SCHOLAR INFORMATION

TODAY'S DATE	U.S. ENTRY DATE

FAMILY/PRIMARY NAME	First/Given Name	Middle Name

U.S. Phone Number		Email
Area Code ( )	7-Digit Number –	

LOCAL LIVING ADDRESS *(Post Office Box is not a valid address)*

Street Number and Name	Apartment/Unit Number
Hotel or Building Name *(ONLY if applicable)*	Hotel Room Number
City *(check one)* ☐ Santa Barbara ☐ Goleta ☐ Other (please indicate) _____	Zip Code

HOME COUNTRY EMERGENCY CONTACT INFORMATION

Name	Country	Relationship
Phone	Email	

J-2 DEPENDENT(S) INFORMATION

Do you have family members in the J-2 Dependent visa status? ☐ Yes (If yes, continue completing this section) ☐ No

If Yes, did they arrive with you? Yes ☐ If Yes, please list below, each family member that has arrived in the U.S. with you

No ☐ If No, What is your family's Expected Arrival Date? _____

Family Name	First Name	Middle Name	Relationship (spouse/child)

FOR OISS PROCESSING

Forms Received:
- ☐ DS-2019
- ☐ T/IPP (if Student Intern)
- ☐ Passport
- ☐ Visa Stamp
- ☐ I-94
- ☐ Acknowledgement

Health Insurance
- ☐ GPA
- ☐ Waiver
- ☐ Postdoc
- ☐ UC Staff
- ☐ Other - ☐ Given Waiver Handout

☐ J-2 Dependent Documents

_____ Family Members

NOTES:

Checked–In by: _____ ☐ DOCUMENTS UPLOADED to ISSM By: _____

☐ VALIDATED On: ____/____/____ By: _____