



OFFICE OF INTERNATIONAL STUDENT AND SCHOLAR SERVICES

521 Lancaster Avenue • Whitlock 455, CPO 69 Richmond, KY 40475

Phone: 859-622-1478 • Fax: 859-622-1552

Email: [international@eku.edu](mailto:international@eku.edu)  
<http://www.international.eku.edu>

### IMMIGRATION CHECK-IN FORM

*U.S. immigration regulations require that all F-1 and J-1 students must check-in with the Office of International Student & Scholar Services (OISSS) upon their arrival at Eastern Kentucky University (EKU). To check-in, turn in this Immigration Check-In Form with your:*

- Passport
- Form I-20 or DS-2019
- I-94 record, available from <https://i94.cbp.dhs.gov/>

#### PERSONAL INFORMATION

Last/Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

EKU ID Number: \_\_\_\_\_ EKU Email: \_\_\_\_\_

Other Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Local U.S. Address (Where you currently live in Richmond or surrounding area).

Street Address: \_\_\_\_\_ Apartment/Room # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Foreign Address (in your country): \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

#### SPONSORSHIP & HEALTH INSURANCE

Are you a sponsored student? (If your education is paid by your government/organization).  YES  NO.

If you answered YES, does your sponsor provide you with health insurance?  YES  NO. If YES, Submit copy of your health insurance card to the Office of International Student and Scholar Services.

If you are NOT a sponsored student, you will be automatically enrolled in the EKU sponsored health insurance and charges will be included in your student account.

**DEPENDENT INFORMATION**

Dependents are your spouse or children accompanying you to the United States. Please fill out dependent information below and submit their immigration documents along with yours.

Are you married?  Yes  No.

If married, is your spouse with you in the U.S.?  Yes  No

Do you have a child or children with you in the U.S.?  Yes  No. If yes, how many children \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

*Please provide emergency contact of at least two people if possible. It is preferable if one of these persons speaks English.*

**In the United States (if any):** If you don't know anyone in the U.S., please leave this section blank.

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to you \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

State/Province/Region \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Language(s) Spoken \_\_\_\_\_

**In Your Home Country or Country of Residence**

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to you \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

State/Province/Region \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Language(s) Spoken \_\_\_\_\_

*In case of emergency, I authorize EKV to release any relevant information to my emergency contacts.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_