

EXCHANGE STUDENT CHECK IN

CHECK LIST OF REQUIRED DOCUMENTS			
<input type="checkbox"/> COMPLETED CHECK-IN FORM (This form) <input type="checkbox"/> DS-2019 form <input type="checkbox"/> I-94 ARRIVAL RECORD PRINT OUT FROM CBP WEBSITE https://i94.cbp.dhs.gov <input type="checkbox"/> PASSPORT			
PERSONAL INFORMATION			
LAST/FAMILY NAME [exactly as it appears in passport]:			
FIRST/GIVEN NAME [exactly as it appears in passport]:			
DATE OF BIRTH [MM/DD/YYYY]:			
U.S. ADDRESS	STREET ADDRESS:		
	CITY:	STATE:	UNIT/APT #: ZIP CODE:
	PHONE #:	CELL #:	
UVA EMAIL:	OTHER EMAIL:		
EMERGENCY CONTACT INFORMATION			
CONTACT'S NAME:			
RELATIONSHIP TO YOU:			
EMAIL:	PHONE NUMBER:		
STREET ADDRESS (Line 1):			
STREET ADDRESS (Line 2):			
CITY:	STATE/PROVINCE:	COUNTRY:	

While enrolled at U.Va. I understand that I am responsible to ensure that I maintain lawful presence in the U.S. at all times.

Signature

Date