

J-1 CHECK-IN FORM

BIOGRAPHICAL INFORMATION

Exchange Visitor Name: _____
 (as appears on passport) Last Name(s) First Name(s)

UCLA ID #: _____ Date of Birth: _____
 (if applicable) Month Day Year

SEVIS ID #: N _____ Citizenship: _____

CONTACT INFORMATION

Telephone #: _____ E-Mail: _____

Local U.S. Address: _____
 Street Address Room/Apt #

 City State Zip Code

DCISS cannot accept P.O. Box numbers or department addresses. The address that you provide must be the place where you reside. Please remember to update your address with DCISS within 10 days of moving. Degree students and reciprocity students must update their address at <https://my.ucla.edu/>

EMERGENCY CONTACT INFORMATION

Contact information of a family member, friend, or trusted person in your home country.

Contact Name: _____ Relationship: _____

Telephone #: _____ E-Mail (if any): _____

Address: _____

FOR DCISS USE ONLY	<input type="checkbox"/> VALIDATED INIT: _____ DATE: _____	<input type="checkbox"/> jPATH Complete	<input type="checkbox"/> NB Rcvd		
	<input type="checkbox"/> Professor	<input type="checkbox"/> Research Scholar	<input type="checkbox"/> Short-term Scholar	<input type="checkbox"/> Specialist	<input type="checkbox"/> Non-degree Student
Start Date: _____		Transfer Release Date: _____		<input type="checkbox"/> Medical Insurance : _____	