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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 EKU to release any relevant information to my emergency contacts.

Signature: _____ Date: _____