WAKE FOREST UNIVERSITY

INTERNATIONAL STUDENT & SCHOLAR CHECK-IN INSTRUCTIONS

ITEMS TO PRESENT:

F-1 VISA HOLDERS

* I-20 Form
* F-1 Visa Stamp
* Passport Data Page
* I-94 Record (Print from cbp.gov/i94)

J-1 VISA HOLDERS

* DS-2019 Form
* J-1 Visa Stamp
* Passport Data Page
* I-94 Record (Print from cbp.gov/i94)
* Proof of Health Insurance that Meets Department of State MINIMUM CRITERIA
    * Plan must be in English and clearly state the terms of coverage

H-1B VISA HOLDERS

* H-1B Visa Stamp OR I-797 Approval Notice with I-94 affixed to bottom
* Passport Data Page
* I-94 Record (Print from cbp.gov/i94)

ALL NONIMMIGRANT VISA HOLDERS MUST ALSO PROVIDE:

* Current U.S. Address
* Current U.S. Telephone Number
* If Dependents are Accompanying Principle F-1, J-1, or H-1B visa holder:
    * Email Addresses for Dependents (if dependent is too young to have email address or does not have one, please list your own email address)

WFU INTERNATIONAL STUDENT & SCHOLAR CHECK-IN FORM

FAMILY NAME (AS IT APPEARS IN PASSPORT): _____

GIVEN NAME(S) (AS IT APPEARS IN PASSPORT): _____

PREFERRED NICKNAME (OPTIONAL): _____

DATE OF BIRTH: _____ / _____ / _____
                  MM   DD   YYYY

WFU ID NUMBER: _____

VISA STATUS: ☐ F-1 ☐ J-1 ☐ H-1B ☐ OTHER (PLEASE SPECIFY: _____)

LOCAL ADDRESS IN WINSTON-SALEM OR SURROUNDING AREA:

_____

STREET ADDRESS (EX: PO BOX 12345 LUTER HALL RM 103, APT #, UNIT #, ETC.)

_____

STREET ADDRESS 2 (123 REYNOLDA ROAD)

_____ , _____ , _____

                CITY   STATE   ZIP CODE

LOCAL U.S. TELEPHONE NUMBER: (_____) - _____ - _____

PERSONAL EMAIL ADDRESS: _____

WFU EMAIL ADDRESS (IF AVAILABLE): _____@WFU.EDU

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT RELATIONSHIP: _____ (EX. MOTHER)

EMERGENCY CONTACT TELEPHONE (INCLUDE COUNTRY CODE): _____

DO YOU HAVE DEPENDENTS WITH YOU?(CIRCLE ONE): YES | NO

    IF YES, PLEASE PROVIDE THE NAME AND EMAIL ADDRESS FOR ALL DEPENDENTS

    DEPENDENT 1 FIRST & LAST NAME: _____

    DEPENDENT 1 EMAIL ADDRESS: _____

    DEPENDENT 2 FIRST & LAST NAME: _____

    DEPENDENT 2 EMAIL ADDRESS: _____

    DEPENDENT 3 FIRST & LAST NAME: _____

    DEPENDENT 3 EMAIL ADDRESS: _____

    DEPENDENT 4 FIRST & LAST NAME: _____

    DEPENDENT 4 EMAIL ADDRESS: _____

    DEPENDENT 5 FIRST & LAST NAME: _____

    DEPENDENT 5 EMAIL ADDRESS: _____