International Student Check-In Form

Are you physically present in the U.S. at this time: YES   NO

Upload all 3 documents to this site   I-20   Passport *(biographic page)*   *F-1 Visa Stamp*

Personal Information

Metro State ID #:_____   Date of Birth:_____*(mm/dd/yyyy)*

Last Name (surname):_____   First Name (given):_____

Metro State Email:_____

Personal Email:_____   U.S. Phone number:_____

Physical Address in MN (*Please verify your address on the **USPS website** and type exactly as it appears*)

Street Address:_____   Apt/Suite/Other:_____

City:_____   State:_____   Zip Code:_____

Academic Information

Level of Study: *Undergraduate/Bachelors*   *Graduate/Masters*

Type of Student: *New to the U.S.*   *Transfer from within the U.S.*

Major:_____

Emergency Contact Information

In your home country (required)   **In the U.S. (if known)**

Language Spoken:_____   Language Spoken:_____

Full Name:_____   Full Name:_____

Personal Email:_____   Personal Email:_____

Phone Number:_____   Phone Number:_____

Statements of Understanding and Signature

Please read the following information, initial each line, and sign for agreement. By initialing and signing, you are taking responsibility for being aware of and complying with F-1 visa regulations while a student at Metro State University.

As an F-1 visa holder, I am required by the U.S. government to enroll in and maintain full-time enrollment every fall and spring semester (Undergraduate = 12 credits, Graduate = 8 credits)

Every year, (August 10, XXXX to August 9, XXXX) I am required to purchase the mandatory international student health insurance provided by United Health Care through Metro State.

I am not permitted to be employed off-campus without authorization from the ISS office or USCIS.

I am required to pay tuition on time each semester, failure to do so will result in dropping my courses

I am aware that I must maintain my lawful immigration status while I am in the U.S. and studying at Metro State.

I understand that my Metro State email is the primary form of communication and I must check this regularly.

Student Signature:_____   **Date:**_____

This document is available in alternative formats upon request, by contacting the Center for Accessibility Resources, **Accessibility.Resources@metrostate.edu** or 651.793.1549.

Office Use Only: Scanned to IN   Entered in ISRS   Cohort Added   Insurance Added
                                     Enrolled full time   SEVIS Registration