

INTERNATIONAL STUDENT CHECK-IN FORM

International Student Advising | Enrollment Services isa@puc.edu | 707-965-6677

Student's Information

Last Name:	First Name: PUC ID#:
Preferred Name / Nickname:	Term and Year:
Address Line 1: Address Line 2: City: State: Zip:	
Your dorm hall a	nd room #:
 Do you have an active health insura ☐ None 	w Parents/Emergency Contact Information form.
4. Are you currently employed on-camNoYES. List down the department:	pus? ne departments you work in and the # of weekly work hours in each
5. For Spring Quarter check-in only: di is for the Spring quarter.No, not yet.If YES, when? (M	d you already file your taxes? Answer this question if this check-in form M/DD/YYYY)

- ·	d a major/minor this quarter or next?	
		ke to add?
7. What is your estin	nated academic program completion	date? (MM/YYYY)
- ·	an internship (Curricular Practical Tra	ining) before you graduate?
	YES. Beginning term and year:	
	 Do you already have a potent 	ial employer:
	☐ No.	
	Yes. Employer/Comp	any's name:
- · ·		J.S. upon completion of your program?
	No	
U	YES. Beginning term and year:	
	 Do you already have a potent 	ial employer:
	□ No. □ Yes. Employer/Comp	any's name:
10. Your passport exp	oiration date: (MM/DD/YYYY)	
11. Your F-1 visa expi	ration date: (MM/DD/YYYY)	
	olans to travel outside the U.S. during o No Yes.	or at the end of this quarter?
J		: (MM/DD/YYYY)
	 Estimate U.S. arrival date: (M 	•
Please write your initials	on the following statements:	
I have received and	read the International Student Orienta	ition document.
I understand that it	is my responsibility to maintain legal F	-1 status while attending PUC.
	is a requirement to check-in with the I 0 for the current quarter will be issued	nternational Student Advising office quarterly and that to me upon check-in.
By signing here, I certify the correct.	nat I have reviewed everything carefull	y and all the information I provided in this document is
Student's Signature:		Check-In Date: