

Student Signature

WESTCHESTER CAMPUS • 434 Main Street, New Rochelle, NY 10801 Office of International Admissions 914-740-6406 Office of International Student Services 914-740-6791



Date (month, date, year)

International Student Check-In Form

You must complete the entire form

Name:			
Last Name	First Name		Middle Name
Monroe College Student ID#:		ν	/isa Type:
If you	don't know your ID #, ask y	your advisor	
Start Term (circle one): January/Winter 2	20 April/Spring20	_ September/Fa	II 20
PERMANENT HOME INFORMATION (in y	our home country/where yo	our parents live):	
Address:			
Street/PO Box		City/Town/Parish	
Home Country: Po	ostal Code: Pho	I Code: Phone (with country code):	
LOCAL INFORMATION (where you're living	ng while you are in the U.S.)	l:	ampus
Street & Apartment:			
City:		State:	Zip:
Cell Phone:	Home Phone:		
Personal Email Address:			
Any change to my local contact informati	on must be reported to SEV	/IS Coordinator with	hin 10 days.
IN CASE OF EMERGENCY, I GIVE MONRO	E COLLEGE PERMISSION TO	O CONTACT THE FC	OLLOWING PERSON:
Name:			
Street & Apartment:			
City:		State:	Zip:
Cell Phone:	Other Phone	e:	
Relation:			
If you have any allergies or medical inform	nation we should know abc	out, please call us a	nd provide documentation.
As an international student in F-1 status, I ustudents) each required semester and I must work without proper authorization, I am vio I wish to travel outside of the U.S. I also und with my International Student Counselor in 914-740-6420, or in KGS (graduate student)	understand that I must regist st attend all of my classes. I u plating my F-1 status. I know derstand that if I have any ac the Student Services Office (i	ter for at least 12 cre understand that if I o that I must obtain a cademic or immigrat undergrad students,	edits (7 credits for graduate do not attend my classes, or if I a travel signature on my Form I-20 if tion questions, that I should meet
X			