

University of California, Santa Barbara

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J-1 SCHOLAR CHECK-IN FORM

☐ UC Sponsored	J-1	Non UCSB	Sponsored	□ Tr	ansfer			
SCHOLAR INFORMATION TODAY'S DATE	N		U.S. ENTRY DATE	Perm # (if non U	CSB sponsored)			
FAMILY/PRIMARY NAME		First/Given N	ame	Middle Name				
U.S. Phone Number (enter de		JS phone #)	Email					
Area Code	7-Digit Number	1						
()								
LOCAL LIVING ADDRES	S (Post Office Box is I	not a valid add	dress)					
Street Number and Name	•		•		Apartment/Unit Number			
Hotel or Building Name (ONL	Y if applicable)				Hotel Room Number			
City (circle one) Santa Barbara	Zip Code							
HOME COUNTRY EMER	GENCY CONTACT I	NFORMATION	ON					
Name			Country		Relationship			
Phone			Email					
DEPARTMENT INFORM	ATION							
UCSB Host Department			Host Faculty Name					
Department Contact Name		l						
Phone			Email					
UCSB Program Start Date			UCSB Program End Date					
J-2 DEPENDENT(S) INF	ORMATION							
Do you have family membe		nt visa status?	Yes (If yes, continu	e completing this sec	etion) No			
If Yes, did they arrive with y	ou? Yes 🔲 If Yes, p	please list belov	w, each family member th	at has arrived in th	e U.S. with you			
No If No, What is your family's Expected Arrival Date?								
			PROCESSING					
Forms Received: DS-2019	□GPA	Health Insura	nce J-	2 Dependent/s Doo ☐ DS-2019	cuments #of Dep			
☐ T/IPP (if Student Intern)	⊟ GPA		Γ	☐ D3-2019 ☐ Passport				
☐ Passport	□ Post		[☐ Visa Stamp				
☐ Visa Stamp			[☐ I-94				
☐ I-94 ☐ Acknowledgement	∟ Othe	er -Provide Wa	iver Handout	_ Insurance				

DEPENDENT(S) U.S. ENTRY DATE							
amily Name	First Name		Middle Name		Relationship (spouse/child)		
OTES:	l						
Checked-In by:		_ DOCU	JMENTS UPLOADED	to ISSM	Ву:		
			DATED On:/		By:		