



The International Center
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Check-In Form

You are responsible for making your own photocopies in the library. Please staple the documents listed below to your Check-In form and return it to the International Center.

I have attached a copy of my signed I-20

I have attached a copy of my visa

I have attached a copy of my I-94

Campus Location: Glassboro Stratford

Immigration Status: F-1

Major: _____

Undergraduate: (Please indicate your program) Freshmen Transfer

Graduate: (Please indicate your program) Masters PhD

Last Name (Family Name) _____ First Name _____ Middle Name _____

Rowan ID _____ Date of Birth (mm/dd/yy) ____/____/____ Gender: Female Male

Country of Birth _____ Country of Citizenship _____

US Cell # _____ US Home # _____

Personal Email _____ Rowan Email _____

US Address: Street Address _____ Apt. # _____ City _____ State _____ Zip _____

Date of last entry into the US (mm/dd/yy) ____/____/____ Port of Entry (Airport) _____

Emergency Contact Information:

USA: Name: _____ Email: _____

Phone: _____ Relationship: _____

Home-Country: Name: _____ Email: _____

Phone: _____ Relationship: _____

Dependents: (spouse or child)

I have attached a copy of the passport, visa & signed I-20 for each dependent(s).

Dependent #1: Relationship: Spouse Child Immigration Status: F-1

Last Name (Family Name) _____ First Name _____ Middle Name _____

Dependent #2: Relationship: Spouse Child Immigration Status: F-1

Last Name (Family Name) _____ First Name _____ Middle Name _____

Dependent #3: Relationship: Spouse Child Immigration Status: F-1

Last Name (Family Name) _____ First Name _____ Middle Name _____