

Non Sponsored Check-In Form**Immigration Status:**

- F1 F1 OPT F1 CPT J1 J2 H4 w/EAD TN Legal Permanent Resident
 Pending Legal Permanent Resident Other - Visa Type:

Biographical Information

Last Name: Given Name(s):
Date of Birth: Gender : Male Female
Country of Birth: Country of Citizenship:
Country of Legal Permanent Residence:
Residential Address in the US: Apt#:
City: State: Postal Code:
Phone Number: E-mail Address:

Information about position @ Johns Hopkins

Start Date: End Date: Department:
First & Last Name of Supervisor/Faculty P.I.:
Name of Department Administrator:
Position at Hopkins (example: Student, Faculty, Postdoc Fellow, Staff):
Select One:

Emergency Contact Information

Please provide the name of a family member and/or friend that the OIS may contact in case of an emergency involving you and/or any member of your immediate family accompanying you in the U.S. The emergency contact person(s) will be notified in the event of serious injury, hospitalization, death, etc. If possible, please provide a contact within the United States as well.

Name of Contact: Relationship to you:
If English is not native language:
Phone Number: E-mail Address:
Name of Contact: Relationship to you:
If English is not native language:
Phone Number: E-mail Address:

- I hereby authorize the Office of International Services at Johns Hopkins to contact the above named individual(s) in the event of an emergency involving me and/or any members of my immediate family accompanying me.
- I confirm the above information is correct and I authorize the Office of International Services to access my I-94 Arrival and Departure Records as needed to verify my immigration status.

Signature: Date: