



International Student Arrival Form

Student Name:	Surname/Family Name		Given/First Name		
Student ID:		Birth Date:	Month	Date	Year
Current U.S. Residential Address:	Number	Street		Apartment Number	
	City		State		Post Code
Telephone:			Email:		

Signature of Agreement. Sign below to that you:

1. Reviewed the Welcome Handbook
2. You agree to maintain health insurance for yourself and any dependent family member for your entire stay in the U.S.

Signature	Date
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International Student Institute
 Jackson College
 2111 Emmons Road
 Jackson, Michigan 49201
 517.990.1316
www.jccmi.edu/futurestudents/international

~For International Student Institute Staff Only~

F-1 Student:

- I-94 Print Out
- I-20 from JC
- Signed International Student Contract
- Proof of Medical Insurance

Transfer Students:

- Previous I-20's