

WAGNER COLLEGE

CENTER FOR INTERCULTURAL ADVANCEMENT

F-1 Student Check-In Form

Student Information

Student Name _____

Wagner ID # _____

Current Semester ___ Fall ___ Spring

Cell Phone _____

Personal Email Address _____

On Campus Housing

Building _____ Room Number _____

Off Campus Address (if applicable) _____

Academic Information

Total Credits Earned _____ Current GPA _____

Undergraduate Academic Level (Circle one)

Freshman Sophomore Junior Senior

Graduate Academic Level (Circle one)

Year 1 Year 2

Visa and Passport Information

Passport Number _____ Passport Expiration Date _____

Country of Birth _____ Date of Birth (mm/dd/yyyy) _____

Visa Expiration Date _____

Emergency Contact Information

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Email _____