



INTERNATIONAL PROGRAMS

COLORADO STATE UNIVERSITY

1024 Campus Delivery Fort Collins, CO 80523-1024 USA • (970) 491-5917 • international.colostate.edu

Short Term Foreign Visitor Check-in

Please fill out this form if you are an international visitor at Colorado State University and did not receive any immigration documents from the Office of International Programs. Include copies of your passport, visa, and other immigration documents (such as your I-20 or DS-2019).

This information, aside from fulfilling our federal reporting obligations, will allow us to provide information to the larger campus community of our significant international affiliations.

Name: _____ CSU ID Number: _____

Country of Birth: _____ City of Birth: _____

Country of Citizenship: _____ Country of Permanent Residence: _____

Gender: _____ Date of Birth: _____

Begin & End Dates of Visit: _____ to _____ Visa Type: _____

Briefly Describe Visit Activities: _____

CSU Department: _____ CSU Faculty Host: _____

Local Address (must be where you physically live, not a P.O. box or departmental address):

Street Address: _____ Apt #: _____

City: _____ State: _____

Zip Code: _____ Phone Number: _____

Personal (Non-CSU) Email Address: _____

Emergency Contact Information

Name: _____ Relationship to You: _____

Translator Needed? Yes No If Yes, List Language: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

City/State/Country Where Emergency Contact Lives: _____



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Short Term Foreign Visitor Dependent Information

Please fill out this page if your family is here with you. Include copies of dependents' passports, visas, and other immigration documents.

Spouse

Last (Family) Name: _____

First (Given) Name: _____

Gender: _____

Date of Birth: _____

City of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Permanent Residence: _____

Email Address (if any): _____

Visa Type: _____

Child 1

Last (Family) Name: _____

First (Given) Name: _____

Gender: _____

Date of Birth: _____

City of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Permanent Residence: _____

Email Address (if any): _____

Visa Type: _____

Child 2

Last (Family) Name: _____

First (Given) Name: _____

Gender: _____

Date of Birth: _____

City of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Permanent Residence: _____

Email Address (if any): _____

Visa Type: _____

If you have additional children, please copy this page and provide their information on another page.