

F-1 INTERNATIONAL STUDENT SEMESTER CHECK-IN FORM

Name: _____

First Middle Last

Semester/Year: Fall 20_____ or Spring 20_____

Hollins Building and Room #: _____

**If you are living off-campus,
list your full street address.*

7916 Williamson Road, Roanoke VA, 2402

Hollins Mail Box Number: _____

U.S. Phone Number: _____

Number of Credits this semester: _____ **Graduation Date (mm/yy):** _____

Major 1: _____ **Major 2:** _____

Minor 1: _____ **Minor 2:** _____

1. Will you be completing **Curricular Practical Training (CPT)** this semester? ☐ Yes ☐ No

***If yes, have you contacted IP to register your CPT position?** ☐ Yes ☐ No

2. Have your finances reported on your I-20 changed? ☐ Yes ☐ No

*If yes, please provide relevant documentation to the IP Office ASAP.

3. Has your official major or minor reported on your I-20 changed? ☐ Yes ☐ No

*If yes, list your new/added major or minor here; _____

4. Has your expected graduated date changed? ☐ Yes ☐ No

*If yes, list your new graduation date here:_____.

To submit your form, upload it to this [One Drive link](#).

If you have issues uploading, email your form to carneyek@hollins.edu.