



OISS REGISTRATION FORM

Today's Date: ____/____/____

PERSONAL INFORMATION: Please print clearly

URI ID #	
Last Name	
First Name	
Middle Name	
Date of Birth	
Country of Birth	
Country of Citizenship	
Local Address in U.S.	
Local Telephone in U.S.	
E-Mail Address	

IMMIGRATION INFORMATION

Passport Number	
Passport Expiration Date m/d/y	
Country of Issue	
Date of Entry into the U.S.	
Port of Entry into the U.S.	
I-94 Card Number (white card)	
Visa Type	
Visa Issuing Post	
Date Issued	
Visa Number (Control number)	
Number of Entries	
Visa Expiration Date	
DS-2019 or I-20 Coverage Period	Begins: ____/____/____ Ends: ____/____/____

EMERGENCY CONTACT INFORMATION: In U.S. or abroad

Last Name	
First Name	
Relationship	
Telephone	
E-mail	
Address	

DEPENDENT INFORMATION

Did you bring dependents to URI? Yes No
 How many? ____

Please select from the choices below:

- I have a spouse at URI
- I have one or more children at URI

SCHOLASTIC INFORMATION: Please check all appropriate boxes

Current Degree Program	<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> Scholar <input type="checkbox"/> Exchange <input type="checkbox"/> Intern
URI Department or Major	
Financial Support	<input type="checkbox"/> Assistantship <input type="checkbox"/> Scholarship <input type="checkbox"/> Sponsor <input type="checkbox"/> Fellowship <input type="checkbox"/> Personal
Medical Insurance Carrier	<input type="checkbox"/> URI <input type="checkbox"/> Other _____