### F1/J1 Status Responsibility Checklist

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<th>BARRY ID</th>
<th>SEVIS ID</th>
<th>VISA TYPE</th>
<th>BARRY EMAIL</th>
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As an international student/scholar, you have an obligation to comply with the immigration laws and regulations of the United States. It is illegal to violate U.S. federal immigration laws and regulations for any reason whatsoever. As an exchange visitor with F-1/J-1 status, you are responsible for learning, understanding, and complying with the U.S. laws and regulations that apply to you. Your failure to be aware of and comply with these requirements could jeopardize your stay in the United States.

You need to remember the following:

- ( ) Report address and telephone number changes, to the office of International and Multicultural Programs, within 10 days of any change in your U.S. or home country address and telephone number.
- ( ) Keep your passport valid (at least 6 months into the future at all times)
- ( ) Always have a valid I-20/DS-2019 form, if you need an extension you must request an appointment with your academic advisor, your academic advisor must send an original on a school letterhead letter to IMP requesting your I-20 or DS-2019 to be extended.
- ( ) Obtain a travel signature in the I-20/DS-2019 as needed
- ( ) Inform the office of International and Multicultural Programs (IMP) if you end or leave your program before your I-20 expires
- ( ) Abide by employment regulations; meet with your academic advisor if you are planning to register for an internship/clinical rotations etc. Apply for CPT/AT through your international student advisor to obtain authorization before engaging in any internship, clinical rotation etc.
- ( ) Check your Barry University e-mail regularly for updates from the International and Multicultural Programs and read IMP e-mails carefully, follow up as necessary
- ( ) Make an appointment with an International student’s advisor for any questions you may have regarding your immigration status or regulations
- ( ) Maintain health insurance at all times, health insurance must meet Barry University Health Center standards

I have read and understand this information, and knowingly accept full responsibility for maintaining my status as an international student/scholar during the duration of my program at the Barry University.

___________________________  ____________________
Signature                                             Date

For IMP use only
( ) RO document check  ________         ___________   ( ) ARO Document check ______      _______
initials             date                                           initials             date