

300 College Park, Rike Center Room 204 Dayton, OH 45469-1701

Phone: (937) 229-2748 | Email: isss@udayton.edu

To protect the health and safety of our international students and scholars, ISSS has instituted the following four requirements:

Requirement	Frequency				
Requirement 1: Verify Health Insurance. You must certify that your health insurance meets UD standards.	Must be verified during your first semester and every subsequent fall semester.				
Requirement 2: Update Your Local Address. As a condition of your F or J status, you must submit your local US address.	Must be updated within 10 days of moving to a new residence.				
Requirement 3: Update Your Emergency Contact Information. You must submit contact information for a parent or spouse.	Must be updated once only.				
Note: These requirements are overseen by (and specific to) ISSS. Additional health and safety requirements from other departments may apply.					

ISSS **no longer** requires students to submit their passport, visa, I-20/Ds-2019, or I-94 as part of our health & safety requirements. Students are encouraged to keep digital copies of these documents themselves. <u>Download</u> the I-94 each time you enter the US.

Each of these requirements has its own separate process. Each process is short and should not take more than 5 minutes to complete. Instructions for navigating these processes are listed below.

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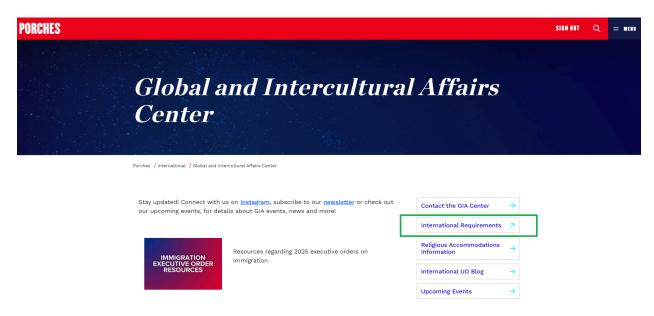


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Finding the International Requirements Page:

Click this <u>link</u> to be taken to the International Requirements page.





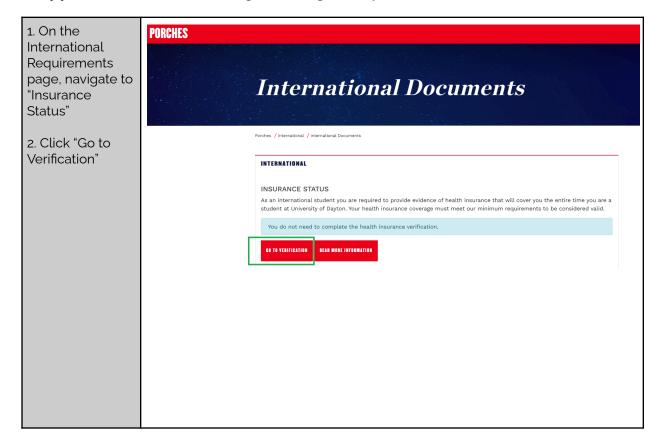
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Verifying Your Health Insurance

To protect their health, safety, and finances, the university requires international students to possess health insurance coverage for themselves and their families. Coverage must meet university standards, be active while the student is enrolled (including vacations), and **be verified every year**.

Verify your health insurance coverage following the steps below.





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- 3. Attach your summary of benefits (click for example).
- 4. Enter your insurance company name and insurance policy number. Your insurance policy number can be on your insurance card.
- 7. Click "I understand..." Your coverage must meet the minimum requirements
- 8. Click "Submit health insurance Information"

← INTERNATIONAL Please upload a scanned copy of your insurance "explanation of benefits" that lists your coverage amounts. MY INSURANCE Upload a Document Choose File No file chosen Please indicate the provider of your health insurance and the policy number. If you fail to provide this information, you will be prevented from registering for classes next semester. The health insurance verification must be completed each semester. Health insurance company name Health insurance policy number understand that I am required to have health insurance the entire time I am an enrolled student at the University of Dayton. • By clicking "Submit", I certify that my plan: • Covers at least a minimum of \$250,000 per condition. • Has a deductible of \$500 or less per individual. • Provides \$50,000 or more for medical evacuation to your home country. • Provides \$25,000 or more for repatriation (removal of remains after death) to your home country. • Is in effect for the entire time I am enrolled including vacations.

SUBMIT HEALTH INSURANCE INFORMATION



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Updating Your Local Address

As a F-1 or J-1 student, you are required to provide address information to our office as a condition of your immigration status. This guide will show you how to make these updates electronically through Porches.

Follow the steps below to update your local address.

1. On the International Requirement s page, navigate to "Local Address" 2. Click 'Update Your Local Address'	International Documents Forches / International International Documents LOCAL ADDRESS To protect the health and safety of our international students and scholars, ISSS has instituted the following requirements: Update Your Local Address, As a condition of your For J status, you must submit your local US address within 10 days of moving to a new residence. Your local address is up to date. WINTERNATIONAL STREET WINTERNATIONAL STREET FOR J STREET FOR J STREET STREET
3. Under 'Type of Address', select 'Off Campus Address'. 4. Click 'Submit'.	Type of Address to Insert: Off Campus Address Submit



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r Fill in all							
5. Fill in all	Off Campus Address						
fields	Valid From This Date:MM/DD/YYY	08/22/2022	Only nut s	treet number and str	eet name, as show in		
highlighted in	Until This Date:MM/DD/YYYY			Do not put apartmer			
red. DO NOT	Address Line 1:	344 Firwood Dr	/				
input a foreign	Address Line 2:	Apt F			rtment, put apartment		
(non-US)	Address Line 3:	Leave this fi	eld blank		e. Do not put any other		
	City:	Dayton		information here.			
address. Use	State or Province:	Ohio	~				
ONLY a local	ZIP or Postal Code:	45419					
US address in	County:	Montgomery	•				
these fields.	Nation:	United States	~				
	Delete this Address:						
luce a suba subulus	Primary Phone Number For This A						
Important: In	Area Phone Exten Code Number	sion	International Access Code	Unlisted			
the 'Valid			and Phone Nur	mber			
From This		OF	S				
Date' field,							
input the	N T	DI.					
•	Phone Type Are Coo			nternational Access Code	Unlisted Delete		
approximate			a	and Phone Number			
date you	Select v		OR				
began							
residing at the	Select		OR.				
address. In the							
'Until This							
Date' field,							
input the							
approximate							
date you will							
stop residing							
at the address.							
	224702402022323						
6. Under	Put only the three digit area code						
'Phone Type',	Phone Type here Ar		Ext.	International	Unlisted Delete		
	Co	de Number		Access Code and Phone Numb	Leave		
select ' Cell	Cell Phone > 93	5555555	Leave blank O	R Leave blank	unchecked		
Phone'. Input	2	.	Court outs	Louis blank			
your US cell							
phone	Do not put +1 or any			he remaining seven			
•	else other than the thi area code	ee diga	digits of y	our number here			
number. Do	4104 5340						
not include "-,							
+, 1, ()"							
in the phone							
number field.							
Only 10 digits							
are accepted.							
7. When							
finished, click							
'Submit'.							



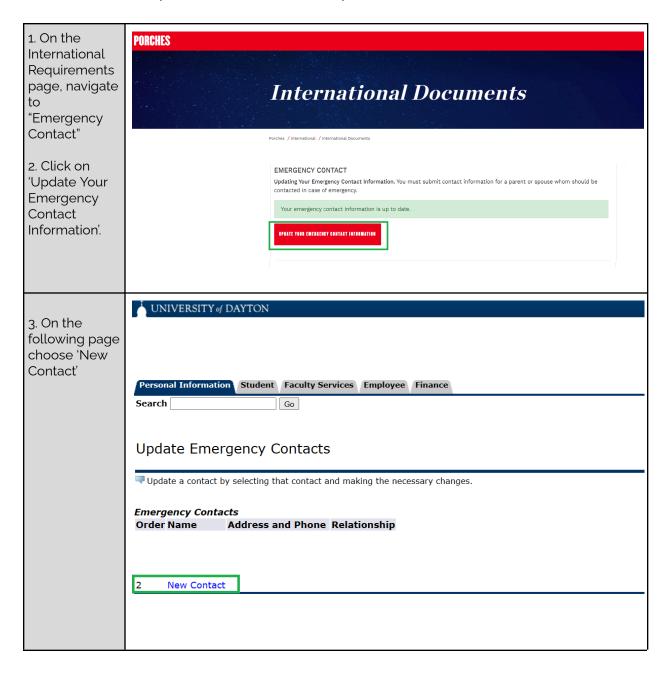
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Updating Your Emergency Contact Information

Living in another country so far away from friends and family can be challenging. When situations arise and you are unable to reach your family, who will do this for you?

For this reason, International Student & Scholar Services requires emergency contact information. An emergency contact is a parent or spouse (husband or wife) that we can call in the event you have a serious health or safety issue and are unable to call yourself.





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Update Emergency Contacts 4. Complete all highlighted Enter a new emergency contact. When finished, Submit Changes. fields. **Your** emergency Remove Contact: contact must Order: be a parent or Relationship: Not Applicable spouse. First Name: Middle Name: 5. Click Last Name: 'Submit Address Line 1: Changes'. Address Line 2: Address Line 3: City: State or Province: Not Applicable ~ Zip or Postal Code: Country: Not Applicable ~ Area Code Phone Number Extension Telephone: Submit Changes Reset