

International Student Transfer Verification Form



(Please complete this form only if you are presently studying at a U.S. institution or are doing optional practical training.)

A. Student: Complete this section and ask the International Advisor at your current school to complete section B.

Name of Student (EXACTLY as it appears in your passport):

Last or Family	First	Middle
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Social Security Number (optional): _____ Citizenship: _____

Date of Birth: _____ Country of Birth: _____

Term for which you are applying to North Central College: Fall 20__ Winter 20__ Spring 20__ Summer 20__

I, _____, permit the information requested below to be forwarded to North Central College.

Student Signature: _____ Date: _____

B. International Student Advisor: Please complete this form and return it to our office by mail and fax.
--If the student has been approved for less than a full course of study for one of the reasons accepted by the DHS, please verify and provide an explanation for breaks in full-time enrollment. If the student has otherwise not engaged in a full course of study, please advise him/her that an application for reinstatement of student status will be necessary before transferring to a new institution.
-- Please attach a copy of the student's current Form I-20 and EAD card (if student has had any employment authorization).

When did the student first enroll at your school? _____ Current level of study: _____

What is the student's immigration status? _____ Date of initial U.S. entry: _____

Please indicate practical training granted to this student (type and dates of authorization): _____

To the best of your knowledge, has the student maintained valid F-1 status at your school? _____

Is this student currently enrolled full-time? _____ If not, please specify date of last attendance: _____

Student's SEVIS ID: _____ I-94 admission number: _____

Is there any reason you would not recommend this student's transfer? _____ If you cannot recommend the transfer, or you feel there may be pertinent information we have not requested, please supply detailed information. Thank you!

What is the student's transfer-out date in SEVIS? _____ North Central College CHI214F11110000

Name of P/DSO completing this form: _____ Title: _____

Institution _____ SEVIS Code: _____

Address _____

Phone _____ Fax _____

DSO Signature _____ Date _____

Please return this form to:
Office of Admission
North Central College
30 N. Brainard Street
Naperville, IL 60540-4016
FAX: 630-637-5819 / Tel: (630) 637-5800