

# International Student Transfer Verification Form



**NORTH CENTRAL**  
**COLLEGE** 1861

*(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  
Social Security Number (optional): \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Semester for which you are applying to North Central College:  Fall 20\_\_\_\_\_  Spring 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 email*

*--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 visa 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 (if known): \_\_\_\_\_

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. \_\_\_\_\_

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

Name of P/DSO completing this form: \_\_\_\_\_ Title: \_\_\_\_\_

Institution \_\_\_\_\_ School Code: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

DSO Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email this form to: Office of International Admission  
[inadm@noctrl.edu](mailto:inadm@noctrl.edu)