

International Transfer Verification Form

Please complete the top portion of this form. The remainder of the form must be completed by your International Advisor, or a designated school official at the institution you are presently attending or previously attended.

Name	Student ID
Country of Citizenship	Date of Birth

I, hereby give my permission for _____
Present school
to release the following information to Chicago State University.

Student's signature	Date
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To the International Student Advisor:

Please complete the following for the above student and return to:
Chicago State University, 9501 South King Drive, ADM 200 Chicago, Illinois 60628-1598
773-995-2513/ Fax 773-995-3820

Student's Status: _____ F-1 () Other ()
Please explain other: _____

Please check the appropriate answer:

To your knowledge is the student in compliance with all immigration regulations?	YES ()	NO ()
Is the student in good academic standing?	YES ()	NO ()
Has the student pursued a full time course of study?	YES ()	NO ()
Has the student met all financial obligations at your institution?	YES ()	NO ()
Is the student currently enrolled?	YES ()	NO ()

Please indicate the date and semester of the student's last attendance: _____ / _____

Please list any periods of practical training: _____
Date From: _____ Semester To: _____

Did your institution issue the I-20? YES () NO ()
Is the student eligible to continue at your institution? YES () NO ()
Please indicate the release date of student in SEVIS: Month _____ Day _____ Year _____

Any additional comments would be greatly appreciated. _____

Signature of School Official	Date
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Name of School	Phone Number
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