

Illinois Institute of Technology

Institute of Design

Illinois Institute of Technology –
350 North LaSalle Street
Chicago, IL 60610
Ph. 312-595-4906; Fax 312-595-4901
School Code: CHI214F00379002

School Transfer For F-1 Students

(08/07)

SECTION 1: THIS SECTION TO BE COMPLETED BY TRANSFERRING STUDENT (Please PRINT clearly)

Last Name: _____ First Name: _____ IIT CWID: _____

Current Daytime Phone Number: _____ Current E-mail Address: _____

Address in the US: _____

Date of initial entry to the U.S. _____

If you changed your status to F-1 while in the United States, please indicate the date your F-1 status was approved:

_____ (“N/A” if this does not apply to you)

Address in your home country: _____

Proposed date of enrollment at IIT (month/year): _____

By signing below, I authorize the International Student Advisor at my previous school to release the requested information to the Illinois Institute of Technology (IIT) in order to facilitate my transfer.

Signature: _____ Date: _____

SECTION 2: THIS SECTION TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR AT YOUR CURRENT SCHOOL

The student named above has notified us of his/her intent to transfer to Illinois Institute of Technology (**Institute of Design-CHI214F379002**). Please complete the following and return to the IIT Admission Office- Institute of Design (Fax: 312-595-4901). Please also include a photocopy of the student's I-20 issued by your institution. Thank you for your assistance in this matter!

1. Dates of attendance: From _____ To _____

2. Program completion date on I-20 _____

3. Is the student in good standing with USCIS and eligible for F-1 transfer? yes no. If no, please explain: _____

4. Has the student ever dropped below full course load? yes no If yes, for what reason? _____

5. Please list all beginning & ending dates of practical training issued prior to this transfer:

CPT (please indicate if full-time or part-time): _____ OPT: _____

6. **Date of transfer release in SEVIS:** _____ 7. **Student's SEVIS ID #** _____

7. Additional Remarks: _____

Name & Title of Designated School Official _____

Institution, Address _____

Email Address: _____

Telephone Number _____ **Fax Number** _____

Signature _____ **Date** _____