

# Illinois Institute of Technology

**Kent School of Law**  
Illinois Institute of Technology –  
**Downtown Campus**  
565 W. Adams Street, Ste 453  
Chicago, IL 60661  
Ph. 312-906-5134; Fax 312-906-5355  
**School Code: CHI214F00379003**

## 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 (**Downtown Campus CHI214F00379003**). Please complete the following and return to the IIT Kent School of Law Admission Office (Fax: 312-906-5655). 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** \_\_\_\_\_