

# School Transfer for F-1 Students

**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 U.S. \_\_\_\_\_

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 Chicago-Kent College 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 and 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 #:** \_\_\_\_\_

8. Additional Remarks: \_\_\_\_\_

Name and Title of Designated School Official \_\_\_\_\_

Institution, Address \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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