

Columbia

COLLEGE CHICAGO

CHICAGO'S VISUAL, PERFORMING, MEDIA, AND COMMUNICATION ARTS COLLEGE

immigration pre-transfer verification form

(For students transferring from a U.S. educational institution)

You must complete Part I and have your international student advisor complete Part II to transfer to Columbia College Chicago. Once completed, the form may be mailed to the Graduate Office. Please note: Columbia is SEVIS approved.

SECTION I: To Be Complete By The Student (PLEASE PRINT)

1. NAME: LAST _____ MIDDLE INITIAL: _____
FIRST: _____ DATE OF BIRTH: (MONTH/DAY/YEAR): _____
2. I WISH TO BEGIN STUDY IN THE FOLLOWING SEMESTER: FALL 2008 FALL 2009 FALL 2010
3. DEGREE SOUGHT: _____ PROGRAM OF STUDY: _____
4. AUTHORIZE MY CURRENT INTERNATIONAL STUDENT ADVISOR TO PROVIDE THE INFORMATION REQUESTED BELOW TO COLUMBIA COLLEGE CHICAGO.
SIGNATURE OF STUDENT: _____ DATE: _____

SECTION II: To Be Complete By The International Student Advisor (PLEASE PRINT)

1. ARE YOU A SEVIS APPROVED INSTITUTION? YES NO
IF YES, WHAT IS THE RELEASE DATE FOR THE STUDENT'S SEVIS RECORD? _____
2. VISA TYPE: _____ 3. INS ADMISSION NUMBER (I-94 #): _____
4. COUNTRY OF CITIZENSHIP: _____ 5. DATES OF ATTENDANCE: _____
6. WAS THE STUDENT CURRENTLY AUTHORIZED TO ATTEND YOUR INSTITUTION BY BCIS (THROUGH ENTRY ON YOUR ISSUED SEVIS I-20, TRANSFER OR APPROVED CHANGE OF STATUS TO F-1 NOTATED ON YOUR ISSUED SEVIS I-20 FORM) YES NO
7. DID THE STUDENT TRANSFER TO YOUR INSTITUTION? YES NO
IF YES, FROM WHAT INSTITUTION? _____
8. IS THE STUDENT ELIGIBLE TO CONTINUE AT YOUR SCHOOL? YES NO **IF NO, PLEASE EXPLAIN:** _____

9. STUDENT **IS IN STATUS** ACCORDING TO IMMIGRATION REGULATIONS AND ELIGIBLE TO TRANSFER.
10. STUDENT **IS NOT IN STATUS** FOR THE FOLLOWING REASONS:
 NOT REGISTERED FOR FULL COURSE OF STUDY UNAUTHORIZED EMPLOYMENT OTHER, please explain on a separate sheet
- 10a. HAS REINSTATEMENT BEEN APPLIED FOR? YES NO **IF YES, WHEN?** _____
11. DATE OF EXPECTED GRADUATION OR TERMINATION OF STUDY: _____
12. HAS THE STUDENT MET ALL FINANCIAL OBLIGATIONS TO YOUR INSTITUTION? YES NO
13. PLEASE CITE ANY PERIODS OF PRACTICAL TRAINING: _____
CURRICULAR (DATES): _____ OPTIONAL (DATES): _____
14. COMMENTS: _____
15. SIGNATURE: _____ PRINT NAME & TITLE: _____
INSTITUTION AND ADDRESS: _____
PHONE: () _____ DATE: _____ SCHOOL FILE #: _____ 214F _____

Please provide a copy of the student's SEVIS I-20 issued by your institution