

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, form may be mailed to the address indicated below or faxed to 312.344.8024.

SECTION I TO BE COMPLETED 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 2007 SPRING 2008 SUMMER 2008 SIELI 2008
- 3 DEGREE SOUGHT: _____ PROGRAM OF STUDY: _____
- 4 I AUTHORIZE MY CURRENT INTERNATIONAL STUDENT ADVISOR TO PROVIDE THE INFORMATION REQUESTED BELOW TO COLUMBIA COLLEGE CHICAGO.
- SIGNATURE OF STUDENT _____ DATE _____

SECTION II TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR

- 1 PLEASE INDICATE 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 DID THE STUDENT TRANSFER TO YOUR INSTITUTION? YES NO **IF YES**, FROM WHAT INSTITUTION? _____
- 7 IS THE STUDENT ELIGIBLE TO CONTINUE AT YOUR SCHOOL? YES NO **IF NO**, PLEASE EXPLAIN _____
- 8 STUDENT **IS IN STATUS** ACCORDING TO IMMIGRATION REGULATIONS AND ELIGIBLE TO TRANSFER.
- 9 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
- 10 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 AND WHETHER IT WAS FULL- OR PART-TIME: _____
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

PLEASE MAIL OR FAX (312-344-8024) COMPLETED FORM TO:
COLUMBIA COLLEGE CHICAGO **INTERNATIONAL UNDERGRADUATE ADMISSIONS**, 600 SOUTH MICHIGAN AVENUE, CHICAGO, IL 60605-1996