

**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 312.369.8024.

**SECTION I TO BE COMPLETED BY THE STUDENT (PLEASE PRINT)**

NAME: LAST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

FIRST \_\_\_\_\_ DATE OF BIRTH (MONTH/DAY/YEAR) \_\_\_\_\_

I WISH TO BEGIN STUDY IN THE FOLLOWING SEMESTER     FALL 2011     SPRING 2012     SUMMER 2012     SIEMI 2012

DEGREE SOUGHT: \_\_\_\_\_ PROGRAM OF STUDY: \_\_\_\_\_

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**

Please do not transfer student until the student has indicated acceptance to Columbia College Chicago

VISA TYPE: \_\_\_\_\_ I-94 NUMBER: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

STUDENT SEVIS ID NUMBER: \_\_\_\_\_

DID THE STUDENT TRANSFER TO YOUR INSTITUTION?     YES     NO    IF YES, FROM WHAT INSTITUTION? \_\_\_\_\_

IS THE STUDENT ELIGIBLE TO CONTINUE AT YOUR SCHOOL?     YES     NO    IF NO, PLEASE EXPLAIN \_\_\_\_\_

**Please Indicate:**

STUDENT IS IN STATUS ACCORDING TO IMMIGRATION REGULATIONS AND ELIGIBLE TO TRANSFER.

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

HAS REINSTATEMENT BEEN APPLIED FOR?     YES     NO    IF YES, WHEN? \_\_\_\_\_

DATE OF EXPECTED GRADUATION OR TERMINATION OF STUDY: \_\_\_\_\_

HAS THE STUDENT MET ALL FINANCIAL OBLIGATIONS TO YOUR INSTITUTION?     YES     NO

PLEASE CITE ANY PERIODS OF PRACTICAL TRAINING: \_\_\_\_\_

CURRICULAR (DATES): \_\_\_\_\_ OPTIONAL (DATES): \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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 COMPLETED FORM TO:  
COLUMBIA COLLEGE CHICAGO INTERNATIONAL UNDERGRADUATE ADMISSIONS , 6 0 0 SOUTH MICHIGAN AVENUE , CHICAGO , IL 6 0 6 0 5 - 1 9 9 6