IMMIGRATION PRETRANSFER VERIFICATION FORM

CAN I USE THIS FORM?
You are eligible to use this form if you are an international student transferring to Columbia College Chicago from another U.S. educational institution.

HOW DO I COMPLETE THIS FORM?
Print this form, complete Section I, and ask your international student advisor to complete Section II. Use black ink, and print unless advised to sign.

WHAT SHOULD I DO WITH MY COMPLETED FORM?
Scan your completed form and upload it to your electronic I-20 request (colum.edu/i20request). If you are unable to upload this form, you can mail it to the following address:

Columbia College Chicago
Undergraduate Admissions, International Office
600 S. Michigan Ave.
Chicago, IL 60605

NOTE: Columbia is a SEVIS-approved institution. Columbia College Chicago CHI214F00926000

SECTION I (Student: Complete this section.)

LAST NAME: ____________________________________    MIDDLE INITIAL: ______    FIRST NAME: __________________________________

DATE OF BIRTH (MONTH/DAY/YEAR): _______________


INTENDED DEGREE (EX. BA, BFA, BMUS, BS): ___________    INTENDED PROGRAM OF STUDY: __________________________________

YOU MUST SIGN AND DATE THE FORM BELOW.
I authorize my international student advisor to provide the information requested in Section II to Columbia College Chicago.

STUDENT’S SIGNATURE  __________________________________________________________________    DATE  ____________________________

CONTINUED ON BACK →
SECTION II (International Student Advisor: Complete this section.)

IS YOUR INSTITUTION SEVIS-APPROVED?  ☐ YES  ☐ NO

IF YES, WHAT IS THE RELEASE DATE FOR THE STUDENT’S SEVIS RECORD?  __________________________________________________________

VISA TYPE: ____________________________________________    INS ADMISSION NUMBER (I-94 #): _____________________________________

COUNTRY OF CITIZENSHIP:  ____________________________   STUDENT’S DATES OF ATTENDANCE AT YOUR INSTITUTION: ______________

IS THE STUDENT CURRENTLY AUTHORIZED TO ATTEND YOUR INSTITUTION (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

DID THE STUDENT TRANSFER TO YOUR INSTITUTION?  ☐ YES  ☐ NO

IF YES, FROM WHICH INSTITUTION?    __________________________________________________________________________________________

IS THE STUDENT ELIGIBLE TO CONTINUE AT YOUR SCHOOL?  ☐ YES  ☐ NO

IF NO, PLEASE EXPLAIN:   _____________________________________________________________________________________________________

IS THE STUDENT ELIGIBLE TO TRANSFER AND IN STATUS ACCORDING TO IMMIGRATION REGULATIONS?  ☐ YES  ☐ NO

IF NO, PLEASE CHECK THE APPLICABLE REASON:  ☐ NOT REGISTERED FOR FULL COURSE OF STUDY  ☐ UNAUTHORIZED EMPLOYMENT    ☐ OTHER (PLEASE EXPLAIN ON A SEPARATE SHEET)

HAS THE STUDENT APPLIED FOR REINSTATEMENT?  ☐ 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

CITE ANY DATES OF CURRICULAR PRACTICAL TRAINING:   ________________________________________________________________________

CITE ANY DATES OF OPTIONAL PRACTICAL TRAINING:   ___________________________________________________________________________

ADDITIONAL COMMENTS ABOUT THE STUDENT:   ________________________________________________________________________________
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________

PRINT NAME AND TITLE:   _____________________________________________________________________________________________________

INSTITUTION AND ADDRESS:   _________________________________________________________________________________________________

PHONE NUMBER:  ____________________________    SCHOOL FILE NUMBER:  ______  214F:  __________________________________

YOU MUST SIGN AND DATE THE FORM BELOW.

ADVISOR’S SIGNATURE ____________________________    DATE ____________________________

Questions? Contact our Global Education office.
phone: +1 312-369-7549
fax: +1 312-369-8024
email: intladmissions@colum.edu