

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.

SECTION I (Student: Complete this section.)

LAST NAME: _____ MIDDLE INITIAL: _____ FIRST NAME: _____

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

INTENDED START TERM: SUMMER 2017 FALL 2017 SPRING 2018 SUMMER 2018 FALL 2018

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 _____

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: +1 312-369-7726
fax: +1 312-369-8024
email: intladmissions@colum.edu