

# 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 START TERM:  SUMMER 2019  FALL 2019  SPRING 2020  SUMMER 2020  FALL 2020

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: +1 312-369-7549  
fax: +1 312-369-8024  
email: intladmissions@colum.edu