International Student Transfer Verification Form

Please complete this form only if you are presently studying at a U.S. institution or are doing Optional Practical Training

A. Student: Complete this section and ask the International Advisor at your current school to complete Section B.

(Please print using name as it appears in your passport)

Last Name_______________________________________ First Name ____________________________ Middle ________

Date of Birth: ____________________________________ Country of Birth: _____________________________

Current Daytime Phone Number _____________________ Current E-Mail Address ______________________________

Proposed date of enrollment at Trinity Christian College (month/year)____________________________________________

By signing below, I authorize the information requested below to be forwarded to Trinity Christian College in order to facilitate my transfer.

Student Signature___________________________________________________________________ Date_______________

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B. International Student Advisor: Please complete this form and return it to our office by fax, email, or mail. If the student has been approved for less than a full course of study for one of the reasons accepted by the DHS please verify and provide an explanation. Please attach a copy of the student’s current Form I-20 and EAD card (if this student has had any employment authorization).

When did the student first enroll at your school? ________________________Current level of study: ______________________

What is the student’s immigration status? _______________________ Date of initial U.S. entry: _______________________

Student’s SEVIS ID #: ____________________________________________

Trinity Christian College CHI21400275000

To the best of your knowledge has this student maintained valid F-1 status at your school? [ ] yes [ ] no. If no, please explain

____________________________________________________________________________________________________________

Date of transfer release in SEVIS: __________________________ Additional remarks:____________________________________

____________________________________________________________________________________________________________

Name and Title of Designated School Official completing this form____________________________________________________

Signature____________________________________________________________ Date_________________________________

Institution___________________________________________________________ SEVIS Code ___________________________

Address ____________________________________________________________________________________________________

Telephone number __________________ Fax number __________________________

Please return this form to: The Admissions Office
Trinity Christian College  admissions@trnty.edu
6601 W. College Dr. Palos Heights, IL  60463
FAX: 708.239.4826/ Telephone: 708.239.4708