



TRANSFER VERIFICATION FOR F-1 OR J-1 NON-IMMIGRANT STUDENTS

If you are currently enrolled in, or recently graduated from a college or university in the United States, you must complete Part I of this form, and ask the International Student Advisor at your current institution to provide the information in Part II. This form must be completed and sent to the following address:

**Roosevelt University – Office of International Programs
430 South Michigan Avenue, HCC 125, Chicago, IL 60605
Tel: (312)341-3531 Fax: (312)341-6377**

Part I (To be completed by the Student): SS#/ID# _____
Family Name _____ First Name _____ Telephone _____
Address _____ Email _____

I hereby authorize my current International Student Advisor or Responsible Office to provide the information requested by Roosevelt University in Part II of this form.

Student Signature _____ Date _____

Part II (To be completed by an International Student Advisor):

- 1. Date of First Attendance _____ Date of Graduation/Termination of Study _____
- 2. Degree and major pursued at your institution: _____
- 3. If Student is currently on OPT list end date _____
- 4. Is this student eligible to continue at your institution? ___ Yes ___ No (If no, please explain in Comments)
- 5. Student SEVIS ID: _____

Upon student’s request please release student’s SEVIS record to “Roosevelt University”.

Future Transfer Release date to be entered in SEVIS: _____

- 6. Is/was the student in status? ___ Yes ___ No (If no, please explain in Comments)
- 7. Is/was the student pursuing a full course of study when last enrolled? ___ Yes ___ No
- 8. Has the student met all financial obligations at your institution? ___ Yes ___ No
- 9. Please list any periods of curricular or optional practical training: _____
- 10. Has the student ever been on academic suspension or probation? ___ Yes ___ No

Comments: _____

Please provide a copy of the student’s I-20 or DS-2019 issued by your institution.

Print Name: _____

Institution Name: _____

Title: _____

Institution Address: _____

Telephone: _____

Signature: _____

Date: _____