

Updated 4/10

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, AUD 336, 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
Address	
Email hereby authorize my current Internationa requested by Roosevelt University in Part	al Student Advisor or Responsible Office to provide the information
Student Signature	Date
Part II (To be completed by an International	Student Advisor):
. Date of First Attendance	Date of Graduation/Termination of Study
2. Degree and major pursued at your institu	ition:
* * * * * * * * * * * * * * * * * * * *	ite
	r institution? (If no, please explain in Comments)YesNo
	, , <u> </u>
5. Is/was the student in status? (If no, plea	
7. Is/was the student pursuing a full course	
3. Has the student met all financial obligat	
	otional practical training:
10. Has the student ever been on academic s	
PLEASE DO NOT RELEASE	THE STUDENTS RECORD WITHOUT PROOF OF ADMISSION
Print Name:	Institution Name:
Fitle:	
Telephone:	
Signature:	Date: