



Transfer to Kishwaukee College for F-1 Students
SEVIS code: CHI214F05690000

The purpose of this form is to confirm your eligibility for school transfer in accordance with the regulations of the U.S. government. Regardless of whether you will be leaving the United States between your enrollment at your current school and your enrollment at Kishwaukee College, please use this form as follows:

- Complete Section 1 and submit/forward the form to the International Student Office at your current school.
- Your school transfer must be completed *before* the beginning of the term you intend to start at Kishwaukee College.

Section 1: To be completed by the student

I hereby authorize a Designated School official (PDSO/DSO) at the school named below to complete Section 2

Current School: _____

Student's Name: _____
Last (Family) First (Given) Middle

KISH ID# : _____ Birthdate: _____

Current Address in the U.S.: _____

Date when you will complete your enrollment at the current school: _____

Date when you will **FIRST** enroll at Kishwaukee College: _____

Student Signature

Date

Section 2: To be completed by the Designated School Official (PDSO/DSO)

Please check one of the boxes, provide the information requested, and return the form to our office via mail or fax.

I hereby confirm that, to the best of my knowledge, the above-referenced student (1) has been enrolled for a full course of study, (2) is considered to be maintaining lawful F-1 status, and (3) is thus eligible for notification transfer.

I hereby confirm that, to the best of my knowledge, the above-named student (1) is considered to be maintaining lawful F-1 status, and (2) is on Optional Practical Training/Curricular Practical Training recommended by our school through (Date) _____

I hereby confirm that, to the best of my knowledge, the above-referenced student is not eligible for notification transfer for the following reason(s) _____

Student SEVIS ID# N _____

Transfer Release Date: _____

DSO Signature: _____

Date: _____

DSO name (printed) _____

DSO Phone: _____

DSO Email: _____

DSO Fax: _____