

TRANSFER-IN FORM FOR F-1/J-1 STUDENTS

SUBMIT COMPLETED FORM TO:

<p>INTERNATIONAL PROGRAMS AND SERVICES 800.684.2890 (phone) international@thechicagoschool.edu</p>

DIRECTIONS: If you are an F-1 or J-1 student who is transferring from an institution in the United States to The Chicago School *either before completion of your current program of study OR after having completed your program of study* (e.g. while you are on Optional Practical Training/Academic Training if eligible), you must complete this form and have the Designated School Official (DSO)/Alternate Responsible Officer (ARO) at your current institution complete the appropriate portion below.

Part 1: To be completed by the student

STUDENT NAME: _____

E-MAIL: _____ PHONE #: _____ LOCATION: _____

TERM AND YEAR: _____ DEGREE LEVEL: _____ PROGRAM: _____

FAMILY NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

SEX: MALE FEMALE DATE OF BIRTH DAY: _____ MONTH: _____ YEAR: _____

BIRTH CITY: _____ BIRTH COUNTRY: _____

COUNTRY OF CITIZENSHIP: _____
If you have dual citizenship, list the country of the passport you will use to enter the United States.

<p>I authorize the DSO/ARO at my current institution to release the information below:</p> <p>STUDENT SIGNATURE: _____ DATE: _____</p>

Part 2: To be completed by your DSO/ARO

STUDENT'S CURRENT IMMIGRATION STATUS: _____	SEVIS ID NUMBER: _____
DATES OF ATTENDANCE: _____	ANTICIPATED SEVIS RELEASE DATE: _____
MAINTAINED NON-IMMIGRANT STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES STUDENT HAS BEEN AUTHORIZED FOR: _____
IF NO, PLEASE EXPLAIN: _____	<input type="checkbox"/> CPT <input type="checkbox"/> OPT <input type="checkbox"/> AT LOCATION: _____
PURSUED FULL COURSE OF STUDY? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> CPT <input type="checkbox"/> OPT <input type="checkbox"/> AT LOCATION: _____
IF NO, PLEASE EXPLAIN: _____	

<p>I certify that the above information is correct to the best of my knowledge</p> <p>DSO/ARO NAME: _____</p> <p>SIGNATURE: _____ DATE: _____</p>
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NAME OF INSTITUTION: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ E-MAIL: _____ FAX: _____

<p>School Codes for F1 Students: Chicago: CHI214F01259000 San Diego: CHI214F01259006</p>	<p>Irvine: CHI214F01259004 Los Angeles: CHI214F01259002</p>	<p>Washington D.C.: CHI214F01259005</p>
<p>School Code for J1 Students: P-1-13519</p>		