

## Transfer Eligibility Verification Form

## **Office of International Programs**

5500 N. St. Louis Avenue Chicago, IL 60625-4699 773.442.4796 international-programs@neiu.edu

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If you are currently enrolled at a U.S. school and wish to transfer to Northeastern Illinois University (F-1: CHI214F00391000)/(J-1: P-1-03962), you must complete and sign the top section of this form. Then ask the International Student Advisor at your current school to complete the bottom section of this form and return it to NEIU's Office of International Programs.

This section to be completed by the student:				
Name (last, first):				
Student ID:	DOB(mm/dd/yyyy):			
Email:	Telephone:			
Program Applied: Dachelor's	🗆 Mast	ter's	🗆 Inter	sive English Language
Did you receive acceptance letter/email:	🗆 Yes	🗆 No		
NEIU Semester you have applied for:	Fall	FallSpring		Summer
	Year		Year	Year
Are you bringing a dependent spouse or child with you to NEIU? INO I Yes (if yes, submit copy of their Visa & I-20)				
Will they need an I-20? □ Yes □ No				
I verify that the above information is correct, and grant permission for the information below to be				
released to Northeastern Illinois University				
Student Signature: Date:				Date:

## This section to be completed by the International Student Advisor at the student's current institution:

The above-named student has applied for admission to Northeastern Illinois University, a SEVIS school. In compliance with USCIS regulations, we request confirmation of his/her status at your institution before approving transfer to our school (F-1: CHI214F00391000)/(J-1: P-1-03962). Please complete the section below and email it to international-programs@neiu.edu or mail it to NEIU's Office of International Programs (contact details above).

Student's SEVIS ID No:

Student is currently attending: Yes No If No, Last date of attendance:

□ Student was/is in status during their time at your school.

□ Student is out of status and will be/has been terminated on: [

Has the student been authorized for OPT/CPT/Academic Training? 
Yes No

Email:

If yes, please list periods: I-20/DS-2019 Completion Date:

I-20/DS-2019 Release Date\*\*\*:

Name of Institution:

Phone:

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Name of PDSO/DSO or RO/ARO:

Title of PDSO/DSO or RO/ARO:

PDSO/DSO or RO/ARO Signature:

Date: