Undergraduate Admissions
Illinois Institute of Technology
Perlstein Hall, Room 101
10 West 33rd Street
Chicago, IL 60616
Phone: 312.567.3965; Fax: 312.567.6939
School Code: CHI214F00379000

ILLINOIS INSTITUTE OF TECHNOLOGY

School Transfer for F-1 Students

SECTION 1: THIS SECTION TO BE COMPLETED BY TRANSFERRING STUDENT (Please PRINT clearly)

Last Name _____ First Name _____ IIT CWID _____

Current Daytime Phone Number _____ Current E-mail Address_____

Address in the U.S. _____

Date of initial entry to the U.S. _____

If you changed your status to F-1 while in the United States, please indicate the date your F-1 status was approved:

_____ ("N/A" if this does not apply to you)

Address in your home country _____

Proposed date of enrollment at IIT (month/year) _____

By signing below, I authorize the International Student Advisor at my previous school to release the requested information to the Illinois Institute of Technology (IIT) in order to facilitate my transfer.

Signature _____ Date _____

....

SECTION 2: THIS SECTION TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR AT YOUR CURRENT SCHOOL

The student named above has notified us of his/her intent to transfer to Illinois Institute of Technology (**Main Campus—CHI214F00379000**). Please complete the following and return to the IIT Undergraduate Admission Office (Fax: 312.567.6939). Please also include a photocopy of the student's I-20 issued by your institution. Thank you for your assistance in this matter!

1. Dates of attendance: from_____ to_____

2. Program completion date on I-20_____

3. Is the student in good standing with USCIS and eligible for F-1 transfer? ☐ yes ☐ no. If no, please explain:

   _____

4. Has the student ever dropped below full course load? ☐ yes ☐ no. If yes, for what reason?

   _____

5. Please list all beginning and ending dates of practical training issued prior to this transfer:

   CPT (please indicate if full-time or part-time):_____ OPT: _____

6. **Date of transfer release in SEVIS:** _____ 7. **Student's SEVIS ID #:** _____

8. Additional Remarks: _____

Name and Title of Designated School Official _____

Institution, Address _____

Email Address_____

Telephone Number _____ Fax Number_____

Signature _____ Date _____