TRANSFER VERIFICATION FORM

Part 1: To be completed by the Student

Student’s Name: ________________________________________________________________________

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle name</th>
</tr>
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SEVIS Number: __________________________   E-mail Address: _______________________________

By signing, you authorize the DSO at your current school to provide the information below to the Intensive English Institute.

Signature: ________________________________________________ Date: ______________________
Month/Day/Year

Note: If you will travel outside of the United States before you come to the Intensive English Institute, you must contact the IEI to make arrangements for getting your new I-20.

Part 2: To be completed by an International Student Advisor/DSO

DSO Name and Title: __________________________________________________________________

School Name: ________________________________________________________________________

School Address: ______________________________________________________________________

Phone: _________________________________       E-mail: __________________________________

Please Check One:

☐ This student has maintained his/her F1 student status and is eligible to transfer.

☐ This student has not maintained his/her F1 student status and must apply for reinstatement.

Note: If SEVIS record has been Completed or Terminated DO NOT transfer unless authorized by an IEI DSO.

Student SEVIS Number: ___________________________ SEVIS Release Date: __________________

DSO Signature: ________________________________________________ Date: _________________

Upon receipt of admission letter, please transfer student SEVIS record to:

University of Illinois - Intensive English Institute
School Code: CHI214F10702000