



Mailing Address:
Office for International Programs
Loyola University Chicago
6339 N. Sheridan Rd.
Chicago, Illinois 60660

Contact Information:
intlcntr@luc.edu
Sullivan Center 206
p (773) 508-3899 | f (773) 508-7125

Transfer I-20 Form

This form should be completed if:

- 1) You are transferring to Loyola from another U.S. institution (high school, community college, university, technical school, etc.); and
- 2) You have received an admission letter from Loyola University Chicago; and
- 3) You want a Form I-20 from LUC.

You are eligible to transfer from another school to Loyola through the end of the 60-day grace period after your “*completion date*” (the date you complete a course of study or OPT). Within that 60-day grace period, your current International Student Advisor must update your SEVIS record as a “*transfer-out*” and assign a “*release date*.”

Please tell the International Student Adviser at your current school that Loyola University Chicago’s School Code is **CHI214F00657000. The campus name they should use is “**Loyola University Chicago-Loyola University Chicago**”.**

The start date at the “*transfer-in*” school (Loyola University Chicago) must be within 5 months following either the release date or the completion date (whichever is earlier). If the term for which you want to enroll at LUC is after that 5-month period, you should request an “initial” Form I-20 from Loyola University Chicago before you leave the U.S.

PLEASE GIVE THE ATTACHED FORM TO THE INTERNATIONAL STUDENT ADVISOR AT YOUR CURRENT SCHOOL.

If you have any questions, please contact Lindsey Simon at Loyola University Chicago 773-508-3899 or lsimon2@luc.edu



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**Loyola University Chicago's School Code is CHI214F00657000.
The campus name is "Loyola University Chicago - Loyola University Chicago"**

To Be Completed by Student

Name _____
Last Name (Family or Surname) First Name Middle Name

Telephone Number _____ E-mail _____

Mailing Address _____

City _____ State _____ Zipcode _____

Country of Birth _____ Country of Citizenship _____

Current I-94 # _____ Current Academic Level _____

Date of Birth _____ SSN# _____
(Month/Day/Year)

By signing below, I authorize the International Student Advisor to provide the information requested and release my record on _____ so I may transfer to Loyola University Chicago.
(Month/Day/Year)

Signature _____ Date _____

To Be Completed by the International Student Advisor

F-1 J-1 Other _____

SEVIS I.D. Number _____

The student is enrolled full-time, in good standing, eligible for a notification transfer.

The student is not currently enrolled and last completed term was _____

Is this student eligible for a transfer? Yes No

The student is out of status and a reinstatement application was filed on _____

The student is out of status _____

If the student is eligible for a transfer, please indicate the date on which your institution will release the student in SEVIS for transfer:

Please indicate any periods of authorized practical training or off-campus employment:

Type of training or employment _____ Dates _____
(From – To)

Institution Name _____ Institution Address _____

DSO (Designated School Official) Name _____ Title _____

Signature _____ Date _____ Phone _____ Email address _____

Please return to the address/fax indicated at the top of the form