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;
3) You have submitted to Loyola the Declaration and Certification of Finances Form along with proof of funding to cover the cost of attendance for at least one academic year of study;
4) 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 Adviser 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 Marian Carlson at Loyola University Chicago 773-508-3899 or mcarl2@luc.edu.
To Be Completed by Student

Name

<table>
<thead>
<tr>
<th>Last Name (Family or Surname)</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

Telephone Number ____________________________ E-mail ____________________________

Mailing Address __________________________________________________________

City ____________________________ State ____________________________ Zipcode ____________________________

Country of Birth ____________________________ Country of Citizenship ____________________________

Current I-94 # ____________________________ Current Academic Level ____________________________

Date of Birth ____________________________ (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’s current I-20 end date is ____________________________

☐ 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 email address indicated at the top of the form.