

# TRANSFER VERIFICATION FORM

Loyola University Chicago  
Office for International Programs  
6525 N. Sheridan Road  
Chicago, IL 60626  
Mail or Fax: 773-508-7125

## 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 notification 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 notification 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