

School Transfer for F-1 Students

IIT Institute of Design

Illinois Institute of Technology 350 North LaSalle Street Chicago, IL 60610

Phone: 312.595.4906; Fax: 312.595.4901 **School Code: CHI214F00379002**

SECTION 1: THIS SECTION TO BE COMPLET	TED BY TRANSFERRING STUDENT (Please	PRINT clearly)
Last Name	First Name	IIT CWID
Current Daytime Phone Number	Current E-mail Addre	SS
Address in the U.S.		
Date of initial entry to the U.S.		
If you changed your status to F-1 v	while in the United States, please indicate th	e 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/ye	ear)	
By signing below, I authorize the International Stud (IIT) in order to facilitate my transfer.	dent Advisor at my previous school to release the r	requested information to the Illinois Institute of Technology
Signature	Date	
SECTION 2: THIS SECTION TO BE COMPLET		SOR AT YOUR CURRENT SCHOOL
	the IIT Admission Office—Institute of Design	Technology (Institute of Design—CHI214F379002) (Fax: 312.595.4901). Please also include a photocopy r!
1. Dates of attendance: from	to	
2. Program completion date on I-20		
3. Is the student in good standing with USCI	S and eligible for F-1 transfer? 🗌 yes 🗎 no	o. If no, please explain:
4. Has the student ever dropped below full of		reason?
5. Please list all beginning and ending dates	s of practical training issued prior to this tran	sfer:
CPT (please indicate if full-time or part-tin	ne): OPT: .	
6. Date of transfer release in SEVIS:	7. Stud	dent's SEVIS ID #:
8. Additional Remarks:		
Name and Title of Designated School Officia	lr	
Institution, Address		
Email Address		
Telephone Number	Fax Numb	er
Signature	Date	