

School Transfer for J-1 Students

IIT International Center

Illinois Institute of Technology 3201 S. State Street, Room 202 Chicago, IL 60616

Phone: 312.567.3680; Fax: 312.567.3687 School Code: P-1-00266

SECTION 1: THIS SECTION TO BE COMPL	ETED BY TRANSFERRING STUDENT (Please I	PRINT clearly)
Last Name	First Name	IIT CWID
Current Daytime Phone Number	Current E-mail Address	s
Address in the U.S.		
Date of initial entry to the U.S.		
Address in your home country		
Proposed date of enrollment at IIT (month	n/year)	
By signing below, I authorize the International S (IIT) in order to facilitate my transfer.	tudent Advisor at my previous school to release the re	equested information to the Illinois Institute of Technology
Signature	Date	
SECTION 2: THIS SECTION TO BE COMP		
Dates of attendance: from	to	
2. What is the student's current J-1 categor	ory at your university (as listed on the DS-2019)_	
3. Program completion date on DS-2019.		
4. Is the student in good standing with DC	OS and eligible for J-1 transfer? \square yes \square no. If	f no, please explain:
	rtes of academic training issued prior to this tran	
		ent's SEVIS ID #:
8. Additional Remarks:		
Name and Title of Designated School Offi	icial	
Institution, Address		
Email Address		
Telephone Number	Fax Numbe	ır
Signature Date		Date