

INTERNATIONAL TRANSFER VERIFICATION FORM

SECTION 1: TO BE FILLED OUT BY THE STUDENT (PRINT CLEARLY)

If you are currently enrolled in, or recently graduated from a college or university in the United States, you must complete Part 1 of this form to be considered for transfer to Joliet Junior College. The International Student Advisor (DSO) at your current institution should complete Section 2 and return it directly to Joliet Junior College. Please Note: **The student transfer IS NOT approved until this form has been completed and the student has been formally notified of acceptance by letter.**

Last Name (Family): _____ First Name (Given): _____

Date of Birth: (MM/DD/YYYY) _____ Phone: _____

Social Security Number (if applicable) _____ - _____ - _____ SEVIS ID#: N _____

Email: _____ @ _____ Current School Name: _____

I intend my first semester at Joliet Junior College to be: SPRING (January) _____ FALL (August) _____ SUMMER (May) _____ YEAR _____

By signing below, I authorize the international student advisor at the school named above to release the requested information to Joliet Junior College.

Signature: _____ Date: _____

SECTION 2: THIS SECTION IS TO BE COMPLETED BY THE INTERNATIONAL ADVISOR/DSO AT YOUR CURRENT SCHOOL

The student named above has notified us of his/her intent to transfer to Joliet Junior College. Please complete the following and return to the JJC International Admissions Office.

1. WAS THE STUDENT PURSUING A FULL COURSE OF STUDY AT YOUR COLLEGE? YES OR NO

DATES OF ATTENDANCE: From: _____ To: _____

2. TO THE BEST OF YOUR KNOWLEDGE, IS THE STUDENT IN LEGAL F-1 STANDING AND ELIGIBLE FOR TRANSFER? YES OR NO

IF NO, PLEASE EXPLAIN: _____

3. PLEASE LIST ALL BEGINNING AND ENDING DATES OF ALL PRACTICAL TRAINING (CPT/OPT) AS WELL AS ANY AUTHORIZED REDUCED COURSE LOAD (RCL) ISSUED PRIOR TO THIS TRANSFER.

CPT: _____

OPT: _____

RCL: _____

4. ADDITIONAL COMMENTS: _____

5. SUGGESTED DATE OF TRANSFER RELEASE IN SEVIS: _____ STUDENT SEVIS ID# _____

NAME AND TITLE OF PDSO/DSO: _____

E-MAIL: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

COLLEGE NAME AND ADDRESS: _____

**DSO: Mail or fax completed form to Joliet Junior College • International Admissions • 1215 Houbolt Road • Joliet IL, 60431
Phone (815) 280-2870 • Fax (815) 280-6788 SEVIS School Code: CHI214F10830000**