

# Illinois Central College

## Non-Immigrant Visa Institutional Transfer Form For Transferring International Students

If you are currently enrolled in or graduated from a college or university in the United States, you must complete Part-I of this form and ask your current Designated School Official (DSO) to provide the additional requested information on Part-II. Please return the completed form to the International Education Office, Illinois Central College, One College Drive, East Peoria, IL 61635 (SEVIS School Code CHI214F04810000)

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**Part – I: (To be completed by the Student)**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Country of Birth \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Degree sought at Illinois Central College: \_\_\_\_\_  
Admitted to Illinois Central College for: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring/Summer \_\_\_\_\_ Year \_\_\_\_\_

I hereby authorize my current Designated School Official or Responsible Officer to provide the information requested in Part – II of this form to Illinois Central College:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Part – II: (To be completed by Designated School Official)**

1. Student's date of entry to the United States \_\_\_\_\_
  2. Initial date of enrollment at your institution \_\_\_\_\_
  3. Was the student authorized by the INS to attend your institution? \_\_\_\_\_
  4. Program level to which the student was admitted \_\_\_\_\_
  5. Present non-immigrant visa classification \_\_\_\_\_
  6. Date of Expiration of student's I-94 \_\_\_\_\_
  7. Has the student pursued a full course of study at your institution? Yes \_\_\_\_\_ No \_\_\_\_\_
  8. Did the student maintain his/her non-immigrant status? Yes \_\_\_\_\_ No \_\_\_\_\_
  9. Would the student be permitted to continue or return to your institution? Yes \_\_\_\_\_ No \_\_\_\_\_
- If no, please explain: \_\_\_\_\_

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10. Is the student currently on Practical Training? Yes \_\_\_\_\_ No \_\_\_\_\_
  11. Are you a SEVIS School? Yes \_\_\_\_\_ No \_\_\_\_\_ Student SEVIS File No. \_\_\_\_\_

Name of DSO \_\_\_\_\_  
Signature \_\_\_\_\_  
Title \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
Date \_\_\_\_\_