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)

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

<table>
<thead>
<tr>
<th>Last name:</th>
<th>First name:</th>
<th>M.I.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Country of Birth:</td>
<td>Citizenship:</td>
</tr>
</tbody>
</table>

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: __________________

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:______________________________________________________________
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 ________________________________________________________________

International Education Coordinator  
One College Drive • Peoria, Illinois 61635 • (309) 694-8817 • Fax (309) 694-5450