

## F-1 STUDENT TRANSFER FORM

(for students currently studying in the United States)

All F-1 student applicants transferring from a U.S. institution to Illinois Central College for a degree-seeking program must complete this form. As part of the admissions process, your F-1 visa status must be verified with your current institution, including high school and English Language program.

We cannot issue a Form I-20 for transfer until your SEVIS record has been released from your current institution and until we receive the completed Transfer Form verifying your status. Issuance of the I-20 takes a couple of days after the release date. **DO NOT plan to travel without arranging to receive your new I-20 from ICC prior to traveling, as you will not be allowed to reenter the U.S. on your previous I-20.**

If you are currently out of status, ICC will issue you a new initial I-20. You will be required to pay the SEVIS fee related to the new I-20 and leave the U.S. to reenter on the new I-20. You may also be required to receive a new F-1 visa, in the case that your F-1 visa is expired.

**Note:** All authorized employment at your current/previous institution and/or any remaining OPT employment authorization based on your current/previous degree program will end once your SEVIS record has been released to ICC.

### SECTION I – STUDENT INFORMATION (TO BE COMPLETED BY THE STUDENT)

Full Name: \_\_\_\_\_  
Last First M.I.

ICC Student ID #: \_\_\_\_\_ Admission Term: \_\_\_\_\_

Local US Mailing Address: \_\_\_\_\_  
**(required)** Street Address Apartment/Unit #

City, State/County ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I request and authorize my present International Student Advisor (or Designated School Official) to provide the information below as part of my admission for transfer to Illinois Central College and release my electronic SEVIS record.

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

### SECTION II – INTERNATIONAL STUDENT ADVISOR (TO BE COMPLETED AND SIGNED BY DSO)

Student's SEVIS Number: \_\_\_\_\_ Is student currently in status?  Yes  No

Did the student graduate?  Yes  No Last date student was enrolled at your institution: \_\_\_\_\_

\*if no, date of termination in SEVIS: \_\_\_\_\_ \*if no, has a reinstatement application been filed:  Yes  No

History of employment and reduced course load authorizations, if applicable:

1. CPT	Dates of Authorization: _____	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
2. OPT	Dates of Authorization: _____	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
3. Medical RCL	Dates of Authorization: _____		

**SEVIS Transfer Release Date (please include an exact date, otherwise the form will remain incomplete):** \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Street Address City, State/County ZIP Code

Name of PDSO/DSO and Title: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of PDSO/DSO: \_\_\_\_\_ Date: \_\_\_\_\_

**ONCE COMPLETED, SCAN AND EMAIL A COPY OF THIS DOCUMENT TO [TIA.VANHESTER@ICC.EDU](mailto:TIA.VANHESTER@ICC.EDU).**