INTERNATIONAL STUDENT TRANSFER RELEASE AND VERIFICATION

Instructions:

- Complete Section 1 of this form.
- Contact the designated school official (DSO)/international student advisor at your current school and determine an appropriate Student and Exchange Visitor Information System (SEVIS) release date for your transfer. The transfer release date must be:
 - o After you have completed all coursework and employment at your current school; and
 - o No later than 60 days after completion of studies or optional practical training (OPT) at your current school; and
 - o Prior to your orientation and/or course registration date at Elgin Community College.
 - o Note: you must begin your program at ECC within 5 months of completing your program at your current school.
- Have a DSO at your current school complete Section 2 of this form and send to International Education & Programs, Elgin Community College, 1700 Spartan Drive, Elgin, IL 60123 USA.

Elgin Community College SEVIS School Code: CHI214F12510000

Section 1 (To	be comp	leted by	the	STUDENT)
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1. Name:							
Family	First		Middle				Other
2. ECC Student ID Number:		3. Date of		/ onth	Day	/	Year
4. Email:							
5. Term of admission at ECC:	Fall (August)	Spring (January)	Summe	er (May/June	e) Year:		
6. I verify that the above inform	nation is correct, and	authorize my curre	nt school to	provide the	information	n reque	sted.
Student's	s signature		Month	/ Day	/	Year	
Section 2 (To be complete	_	nsfer-out school)	·			
Note to DSO: Please do not trar	•			to ECC is co	onfirmed.		
To the best of my knowledge, th	nis student is in valid	F-1 status and is elig	gible for trar	nsfer. Ye	es No		
Has the student been authorize	d for a reduced cours	se load in SEVIS?	Yes	No			
If yes: Academic	Medical: How	v many semesters:					
Has the student been authorize	d for practical trainin	g?: Yes N	lo				
If yes: CPT C	OPT Dates:						
What is the student's last date o	of enrollment (or OPT)) at your school?		/	/		
	,		Month	Day	y	Year	
Student's SEVIS ID Number:		Transfer Re	elease Date:		/		/
The student is sut of status and	المعالمة الم	dia		Month	Day		Year
The student is out of status and	nas been advised to	discuss reinstateme	nt with ECC.	Yes	No		
Name of DSO		Title of DSO					
School's Name:							
School's Address:							
Email:			Phone:				
				/	/		
DSO S	ignature		Month	Day	/	Year	