

## **Student Services**

## **Geoffrey Glowacki, Registrar**

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## Transfer to Kishwaukee College for F-1 Students SEVIS code: CHI214F05690000

The purpose of this form is to confirm your eligibility for school transfer in accordance with the regulations of the U.S. government. Regardless of whether you will be leaving the United States between your enrollment at your current school and your enrollment at Kishwaukee College, please use this form as follows:

- Complete Section 1 and submit/forward the form to the International Student Office at your current school.
- Your school transfer must be completed *before* the beginning of the term you intend to start at Kishwaukee College.

**Section 1: To be completed by the student** 

| I hereby authorize a Designated School official (PD  | OSO/DSO) at the scho | pool named below to complete Section 2 |          |
|--|----------------------|--|----------|
| Current School:  |                      |  |          |
| Student's Name: Last (Family)  |                      |  |          |
| KISH ID#:  | Bi                   | irthdate:                              |          |
| Current Address in the U.S.:   |                      |  |          |
| Date when you will complete your enrollment at th  | e current school:    |  |          |
| Date when you will <b>FIRST</b> enroll at Kishwaukee C   | College:             |  |          |
|  |                      |  |          |
| Student Signature  | Date                 | e                                      |          |
| Section 2: To be completed   | by the Designat      | ted School Official (PDSO/DSO)         |          |
| Please check one of the boxes, provide the information   |                      |  |          |
| ☐ I hereby confirm that, to the best of my knowled study, (2) is considered to be maintaining lawful F         |                      |  | rse of   |
| ☐ I hereby confirm that, to the best of my knowled status, and (2) is on Optional Practical Training/Cu (Date) |                      |  | vful F-1 |
| ☐ I hereby confirm that, to the best of my knowled the following reason(s)                                     |                      |  |          |
| Student SEVIS ID# N  |                      | Transfer Release Date:                 |          |
| DSO Signature:   |                      | Date:                                  |          |
| DSO name (printed)   |                      | DSO Phone:                             |          |
| DSO Email:   |                      | DSO Fax:                               |          |
|  |                      |  |          |