

# School Transfer Eligibility Form

ILLINOIS STATE UNIVERSITY  
Office of International Studies and Programs  
308 Fell Hall, Campus Box 6120, Normal, IL 61790-6120  
Phone: (309) 438-5276; Fax: (309) 438-3987

## SECTION I (to be completed by student)

Please complete and sign "Student Section I" and give to the Primary Designated School Official or Designated School Official (PDSO or DSO) at your current school, who needs to complete and send Section II to our school. This form is necessary to complete your transfer application to Illinois State University.

I authorize the DSO at my current school to provide the following information as part of my application for admission to Illinois State University:

Name: \_\_\_\_\_ / \_\_\_\_\_  
Last (Family) Name First (Given) Name Country of Citizenship

Local U.S. Address: \_\_\_\_\_  
Street/Apartment # City/State Zip

Permanent Home Country Address: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature Expected Enrollment date at ISU

## SECTION II (to be completed by school official)

Student's Current Immigration Status: F-1 \_\_\_\_\_ J-1 \_\_\_\_\_ Other \_\_\_\_\_

1. Student currently enrolled at your institution? Yes \_\_\_\_\_ No \_\_\_\_\_ /or last attended \_\_\_\_\_

2. Has the student maintained legal status while enrolled at your institution?  
Yes \_\_\_\_\_ No \_\_\_\_\_; please explain: \_\_\_\_\_

3. Would the student be permitted to continue/return to your institution?  
Yes \_\_\_\_\_ No \_\_\_\_\_; please explain: \_\_\_\_\_

4. Which, if any, was your student granted while enrolled at your institution?  
CPT \_\_\_\_\_ OPT \_\_\_\_\_ AT \_\_\_\_\_ If so, please specify dates: From \_\_\_\_\_ to \_\_\_\_\_

Additional Comments: \_\_\_\_\_

5. SEVIS # \_\_\_\_\_ Release Date: Month/Day/Year: \_\_\_\_\_

\_\_\_\_\_  
Signature of School Official Please Print Name

Title of School Official \_\_\_\_\_ Date \_\_\_\_\_

Name/Address of Institution: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email: \_\_\_\_\_