



College of Graduate Studies

Foust Hall 100, Mt. Pleasant, MI 48859
Phone: (989) 774-4723 Fax: (989) 774-1857

Transfer Verification Form

Student: Please complete Part I of this form and have Part II completed by an international advisor at the school you currently attend.

Part I

Family Name: _____ Given Name: _____
SEVIS ID# _____ I-94#: _____

I hereby grant permission for the information requested below to be released to Central Michigan University.

Signature _____

Date _____

Part II

The above named student has applied for admission to Central Michigan University. In accordance with Citizenship and Immigration Service (CIS) regulations, we request confirmation of his/her status at your institution so that we may process a transfer. Please complete the following and return this form to the student, or mail or fax it directly to the address above.

Is the above student information correct? " Yes " No

To the best of your knowledge, is this student currently maintaining status under CIS regulations? " Yes " No

If No, please explain _____

What is the student's Transfer Release Date in SEVIS? _____

Has the student been pursuing a full course of study at your institution? " Yes " No

Please indicate the dates of any Optional or Practical Training: _____

Please indicate the student's dates of attendance at your institution: _____

DSO Signature _____ DSO Name and Title _____

Name and Address of Institution _____

Date _____