



College of Graduate Studies

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

F-1 Transfer Verification Form

Student: Complete Part I and have Part II completed by an international advisor at the school you currently attend.

Part I

Family Name _____ Given Name _____

SEVIS ID# _____

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

Student signature

Date

Advisor...

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. *PLEASE NOTE - CMU's main campus is listed in SEVIS as

Campus Name: Central Michigan University School Code: DET214F00296000

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 Curricular Practical Training: _____

Please indicate the dates of attendance at your institution: _____

PDSO/DSO Signature

PDSO/DSO Name and Title

Name and Address of Institution

Email

Phone

Date