TRANSFER ELIGIBILITY FORM

Dear Transfer Student: Please complete **Section I**, and then give this form to the International Student Advisor (or Designated School Official) at your current school to complete **Section II**. This information will assist us in processing your transfer.

I. To be completed by student

Student's Name: _____
　　　　　　　　　　　　　Last　　　　　　　　　　　　First

Are you planning to travel outside the United States before starting classes at CSI? ❑ Yes ❑ No

If **yes**, please tell us your traveling dates: _____

**I authorize _____ _____ (current school)
the requested information below to be released to Computer Systems Institute, Chicago Campus: CHI-214F-0163-3001.**

Student's signature: _____　　　Date: _____

II. To be completed by Designated School Official at previous school

Date student began studies at your school: _____ Last date of attendance: _____

Transfer release date: _____ (Please release to "Computer Systems Institute – International Student Programs")

The above-named student ❑ **was**　❑ **was not** a full-time student when last enrolled.
The above-named student ❑ **was**　❑ **was not** in status according to F-1 regulations.

If this student is not in status, please explain:
_____
_____

Has this student been REINSTATED to F-1 Status while attending your school? ❑ Yes ❑ No　If Yes, explain below.

Did the student take a vacation while enrolled in your program? ❑ Yes ❑ No　If Yes, when? _____

Please indicate any authorized periods of curricular and/or optional practical training:
_____

Comments:
_____

School Official's Name	Title	Signature	Date

School name	City, State, Zip	Telephone Number

Please fax this form to our office at 312.263.2992. If you have any questions, call the CSI International Student Department at (312) 470-1114.