



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, Skokie Campus: **CHI-214F-0163-3000**.

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 (847) 967-5066. If you have any questions, call the CSI International Student Department at (847) 967-5030.