

Transfer Verification Form

Office of International Services

1 University Parkway, C3370 University Park, IL 60484 708.235.7611 Fax: 708.235.7372

Fax: 708.235.7372 ois@govst.edu www.govst.edu/ois

To Be Completed	d By the Student					
Family Name	First Name	Middle		GSU ID		
Phone Number		Date of Birth (mm/dd/yy)		Email Address		
Current Address:_	Number	Street	City	State	Zip Code	
	for the information be ormation provided is t		d to the Office of Internati	onal Services at Gov	vernors State University	
Signature of Student				Date		
SEVIS ID Number	e for Governors State		F-1: CHI214F006560 SEVIS Release Da		Please Contact OIS	
Student Advisor	Information					
lame		Title				
Institution			Phone Number			
Email Address						
I verify that the inf	ormation provided abo	ove is true and co	rrect.			