

# OFFICE OF INTERNATIONAL SERVICES

Governors State University

## TRANSFER VERIFICATION FORM

Name \_\_\_\_\_  
Family Given Middle Date of Birth

Mailing Address \_\_\_\_\_  
Street # Street Name Apt. # City State Zip Code

Semester you wish to enter Governors State University \_\_\_\_\_

I request and authorize my international student advisor or authorized campus officer to provide any required information regarding my student immigration status for my application to the Governors State University.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***International Student Advisor/Authorized Campus Officer must complete this section:***

1. SEVIS ID Number: \_\_\_\_\_
2. Student Admission #(I-94) \_\_\_\_\_
3. Dates of Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_ **SEVIS Release Date:** \_\_\_\_\_
4. Is the Student eligible to continue and study at GSU Yes No
5. Did your school issue the I-20? Yes No
6. Degree \_\_\_\_\_ Major \_\_\_\_\_
7. To the best of your knowledge, has this student maintained his/her visa status? Yes No
8. Has this student utilized any Optional Practical Training or Curricular Practical Training? Yes No
9. If yes, please give dates: OPT: \_\_\_\_\_ CPT: \_\_\_\_\_
10. Has the student met all financial obligations? Yes No

Do you have any additional comments regarding this student? \_\_\_\_\_

**PLEASE PROVIDE A COPY OF THE STUDENT I-20 ISSUED BY YOUR INSTITUTION**

Signature of School Official \_\_\_\_\_ Print Name & Title \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE RETURN TO:**

**Office of International Services**

**Governors State University**

**University Park, IL 60466 FAX 708-235-7372 PHONE 708-534-3087**