

F-1 Status Verification Form

International Student Office • Collin College

Phone: 972-516-5012 • iso@collin.edu

This form (Parts 1 & 2) must be completed in its entirety and submitted to ISO for any F-1 student applying to transfer their SEVIS record to Collin College from another U.S. institution. **This form is used for status verification purposes only to determine if the student is eligible for transfer and NOT used to request a SEVIS transfer. Collin will not issue an acceptance letter for F-1 transfer students without this completed form.** Collin College does not accept SEVIS records in terminated status or students who have less than a 2.0 GPA from the last school attended.

Part 1: To be completed by the student:

Passport Name: _____ CW ID (if any): _____

SEVIS ID: _____ Date of Birth: _____

Which semester do you wish to transfer? ___ Fall ___ Spring ___ Summer— Year 20___

I give permission to my present school to release the information requested on this form.

Signature: _____ Date: _____

Part 2: To be completed by the Designated School Official (DSO) from the school holding your I-20:

1. Mark **any and all** of the following statements that are true about this student:

___ Student is currently enrolled or is on allowed annual break, is considered in good standing, and is eligible to transfer.

___ Student has a cumulative GPA of 2.0 or higher at the current school. *F-1 students whose GPA is under a 2.0 are not eligible for admission.*

___ Student is on 60 day grace period, which ends _____

___ Student never attended, but is eligible to transfer.

___ Student is on Post-Completion OPT. End date: _____

___ Student is out of status. *Collin College does not offer reinstatement to new students. However, we can provide an initial I-20 for re-entry.*

___ Student is out of status, but their SEVIS record has not yet been terminated. Please explain: _____

2. Has the student been approved for previous CPT, Pre-Completion OPT, or Post-Completion OPT? ___ Yes ___ No

If yes, please complete the following. Use additional pages if necessary.

Type of Work Authorization	Full-time or Part-Time	Level of Education	Start Date	End Date

3. Has the student had any previous Reduced Course Loads? ___ Yes ___ No

If yes, please complete the following. Use additional pages, if necessary.

Type of RCL	Level of Education	Start Date	End Date

*****Please do not transfer the student's SEVIS record without proof of acceptance to Collin College*****

I certify that the statements I have marked are true regarding this student.

DSO Signature: _____ Date: _____

Name & Title of DSO: _____

Institution Name and Address: _____

Phone: _____ Email: _____