Kaskaskia College
International Student Transfer Verification Form

If you are currently enrolled in, or recently graduated from a college or university in the United States, you must complete Part I of this form to transfer to Kaskaskia College. The International Student Advisor (DSO) at your previous institution should complete Section II and return it directly to Kaskaskia College. This form must be completed and sent to the following address:

Kaskaskia College – Manager, Records and Registration
27210 College Road, Centralia, IL 62801
Phone Number – (618)545-3000 Fax Number – (618)532-1990

Section I (To be completed by student)

Name of Student (print): ________________________________________________________________

Last or Family Name: First Name: Middle Name: Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___ Date of Birth: ____/____/____

Do you plan to depart the U.S.A. before coming to Kaskaskia College?  Yes ☐ No ☐

Term for which you are applying to Kaskaskia College: ______________________________________

I verify that the above information is correct. I hereby authorize the release of information from the International Student Advisor at my previous school to Kaskaskia College.

Student Signature: _________________________________ Date:  _________________________

Section II (To be completed by International Student Advisor/DSO at previous school)

~Is the information listed in Section I correct according to your records?  Yes ☐ No ☐

If no, please explain: ________________________________________________________________

~Dates of enrollment: ________________ ~Date of Graduation/Termination of Study: _________________

~Degree and major pursued at your institution: ___________________________________________________

~Is the student currently in SEVIS?  Yes ☐ No ☐  (If Yes, please release student’s SEVIS record to Kaskaskia College”.)

~What is the release date entered in SEVIS?  ____________________________________________________

~Student’s I-94 number: _______________________ ~Student’s SEVIS ID number: ____________________

~Has this student maintained full-time enrollment?  Yes ☐ NO ☐

~Is the student in status?  Yes ☐ No ☐ If no, please explain: _____________________________________________

~Has this student been granted any type of Practical Training?

  CPT: YES ☐ No ☐ Start Date: ___/___/___ End Date: ___/___/___

  OPT: Yes ☐ No ☐ Start Date: ___/___/___ End Date: ___/___/___

~Is there any reason why you would not recommend this student’s transfer?  Yes ☐ NO ☐

If yes, please explain below or on a separate sheet.

Additional Comments: ____________________________________________________________________________________

Name and Title of International Student Advisor (DSO):

Institution: _______________________ Telephone: _____________ Fax: __________________ Email: __________________

Address: _____________________________________ Signature: ______________________ Date: ______________