

Transfer Verification Form for F-I Students

If you are currently enrolled in or have recently graduated from a college or university in the United States, please complete Part 1 of this form and have the International Student Advisor/Designated School Official (DSO) at your current school or university complete Part 2. Return completed forms to: *Office of International Admission at admission@smcvt.edu.*
Saint Michael's College SEVIS ID: POM214F10069000

PART 1
To be completed by the student

Family name: _____ Given name: _____

Non-US mailing address: _____

Current US mailing address: _____

Telephone: _____ Email: _____

Date of birth: _____ Country of birth: _____ Citizenship: _____

Will you depart the United States before starting at Saint Michael's College?: _____

If yes, please indicate dates of travel: _____

I authorize my International Student Advisor or DSO to provide the information requested by Saint Michael's College in Part 2 of this form.

Signature: _____ Date: _____

Part 2
To be completed by the International Student Advisor/DSO
at your current school or university

Student's SEVIS ID number: _____ Expiration date of current Form I-20: _____

Dates of study at your institution: From _____ to _____

Date SEVIS record will be released to Saint Michael's College: _____

Has student maintained F-I status?: _____ Has student met financial obligations?: _____

Has student ever been approved for RCL (include dates)?: _____

Has student been approved for CPT or OPT? Include dates and whether full time or part time. _____

Is student eligible to continue studies at your institution? If no, please explain. _____

Name and title of person completing form: _____

Telephone: _____ Email: _____

Name and address of institution: _____

SEVIS ID number of institution: _____

Signature: _____ Date: _____

