F-1 Status Verification Form

International Student Office • Collin College
2800 E. Spring Creek Pkwy., Plano, TX 75074 • 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: _____ **04/28/2023**