

International Admission 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 be considered for transfer to College of DuPage. The International Student Advisor (DSO) at your previous institution should complete Section II and return it directly to College of DuPage. This form must be completed and sent to the following address:

College of DuPage
International Admission Representative
425 Fawell Blvd., SSC 2225,
Glen Ellyn, IL 60137-6599

Phone Number: (630) 942-2979

Email: intladm@cod.edu

SECTION I

(To be completed by student)

Name of Student (print): _____
Last/ Family First Middle

Social Security Number: _____ - _____ - _____ SEVIS ID # _____
(if applicable)

Do you plan to depart the U.S. before coming to College of DuPage? Yes No

Term for which you are applying to College of DuPage: _____

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 College of DuPage.

Student Signature: _____ Date: _____

SECTION II

(To be completed by International Student Advisor/DSO at previous school) ****Please do not transfer the student out of the SEVIS system until we have sent you an acceptance email.****

Is the information listed in **Section I** correct according to your records? Yes No If no, please explain _____

Dates of enrollment: _____ Last date of term/semester: _____

Has this student maintained full-time 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: _____

Has this student been granted authorization for Reduced Course Load? Yes No

If yes, Start date: _____ End date: _____

Additional Comments: _____

Name and Title of International Student Advisor (DSO): _____

Institution: _____ Telephone: _____

Address: _____ Fax: _____

Email: _____

Signature: _____ Date: _____

****To release the student's SEVIS record to our college we are designated in SEVIS as, "College of DuPage / Community College District 502" Glen Ellyn, IL" (School Code "CHI214F00468000)**