

# Eureka College

## Non-Immigrant Visa Status Verification Form For Transferring International Students

If you are currently enrolled in or graduated from a college or university in the United States, you must complete Part-I of this form and ask your current Designated School Official (DSO) to provide the additional requested information on Part-II. Please return the completed form to the Student Programs and Services Office, Eureka College, 300 E. College Ave, Eureka, IL 61530.

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### Part-I (To be completed by the Student)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Degree sought at Eureka College: \_\_\_\_\_

Admitted to Eureka College for: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring/Summer \_\_\_\_\_ Year \_\_\_\_\_

I hereby authorize my current Designated School Official or Responsible Officer to provide the information requested in Part-II of this form to Eureka College.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Part – II: (To be completed by Designated School Official)

1. Students date of entry to the United States \_\_\_\_\_
2. Initial date of enrollment at your institution \_\_\_\_\_
3. Was the student authorized by the INS to attend your institution \_\_\_\_\_
4. Program level to which the student was admitted \_\_\_\_\_
5. Present non-immigrant visa classification \_\_\_\_\_
6. Date of Expiration of student's I-94 \_\_\_\_\_
7. Has the student pursued a full course of study at your institution? Yes \_\_\_ No \_\_\_
8. Did the student maintain his/her non-immigrant status? Yes \_\_\_ No \_\_\_
9. Would the student be permitted to continue or return to your institution? Yes \_\_\_ No \_\_\_  
If no, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Is the student currently on Practical Training?

Yes \_\_\_ No \_\_\_

11. Are you a SEVIS school? Yes \_\_\_ No \_\_\_

Student SEVIS File No. \_\_\_\_\_

Name of DSO \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_