

Please send completed school verification to:
Institute for International Students
City College of San Francisco
50 Phelan Avenue Box C208
San Francisco, CA 94112

Phone: (415) 239-3895

Fax: (415) 239-3804

School Verification for Transfer Students

To the Student: Please fill out the three lines below, as well as the semester and year you are applying for (paragraph below), and send to the school you most recently attended in the U.S.

Name

Date of Birth

Admissions Number (on I-94)

To School Official:

The above student has applied to the Institute for International Students at City College of San Francisco to attend the _____ semester as an F-1 Student.

In accordance with the United States Immigration and Naturalization Policy as it relates to F-1 students, we wish to verify this student's status at the last authorized school of attendance.

Please complete the information below and then send this form to the address on the top of this page by fax or mail. Thank you for your cooperation.

Sevis Number N _____

1. Name and address of school which student is transferring from

2. Name of designated school official

3. Dates of students attendance at your school

4. Last date of attendance or expected last date

5. While attending, the student was/was not taking a full course of study. (Circle one)

6. To the best of my knowledge, the student is/is not an F-1 student in good standing. (Circle one)

7. Please add any additional comments here:

Signature of designated school official

Date
