TO THE STUDENT:
To process your request for an I-20 form, we must receive a status report from your current school’s International Student Advisor. Please complete the top section of the form, then give or mail the form to your current advisor to be completed.

I give permission for the information requested below to be sent to the Culture & Intensive English Program (CIEP) at the University of Northern Iowa.

__________________________________________________________________________________
Last Name (Family) First Middle
__________________________________________________________________________________
Signature Student ID # Date

I intend to transfer to the CIEP in: ☐ August ☐ October ☐ January ☐ March ☐ June Year: _______

Dear International Student Advisor:
The student named above has applied for transfer admission to the CIEP. Your assistance is requested in determining the student’s eligibility to transfer. Please supply the following information

1. Student’s SEVIS #: ________________________________
2. Dates of last enrollment at your institution: From ___________ to ______________
3. Is the student eligible to continue at your institution? If not, please explain.
   Yes ☐ No ☐ _______________________________________
4. Has the student met all financial obligations to your institution? Yes ☐ No ☐
5. According to your knowledge, is the student currently in status with DHS? (If not please explain).
   Yes ☐ No ☐ _______________________________________
6. Was the student’s attendance and performance satisfactory? Yes ☐ No ☐
7. Any authorized reduction in the student’s course load (i.e. medical, academic difficulties):
   ___________________________________________________________________
8. SEVIS release date of student: ______________________________
9. We would appreciate any other information, which you feel would be helpful. Thank you.
   ___________________________________________________________________

Transfer Out Institution: __________________________________________________________

PDSO/DSO Name (please print): _____________________________________________ Phone: __________________________

Email: ________________________________ Fax: __________________________

PDSO/DSO Signature: ________________________________ Date: ______________

Thank you for your assistance. If you have any questions, please contact Philip Plourde or Ross Schupbach.