

Transfer Request Form (Chicago)

Note: Students who are transferring to Midwestern Career College from another U.S. institution are required to submit this form. Student must complete and sign Part A to grant permission for the information requested below.

Part A: (to be completed by the student)

Student's Name: _____ Contact # _____
 Current Mailing Address: _____ Apt #: _____
 City / State / Zip: _____ Date of Birth: ____ / ____ / ____
 Country of Citizenship: _____ I-94 #: _____
 Student Signature: _____ Date: _____

Part B: (to be completed by the DSO)

International Student Advisor:
 The student listed above has applied for admission to **Midwestern Career College**
 Please complete and return this form by fax at **(312) 277-1007** or email at international@mccollege.edu
 Attention of International Admissions. School Code: **CHI214F01777000**.

1. Dates of Attendance: From: _____ To: _____
2. Is the student full-time? **Yes** **No** *(Please explain if NO)* _____
3. Is the student in good standing financially? **Yes** **No** *(Please explain if NO)* _____
4. Is the student eligible to transfer or continue? **Yes** **No** *(Please explain if NO)* _____
5. Is the student maintaining status? **Yes** **No** *(Please explain if NO)* _____
6. Is the student in good academic standing? **Yes** **No** *(Please explain if NO)* _____
7. Please list all beginning and ending dates of CPT or OPT _____
8. SEVIS release date: _____

DSO's Name: _____
 School Name _____
 Address _____
 DSO's Signature: _____ Date _____
 Phone # _____