



Check the box that applies:

Undergraduate

Fax: 714.681.7224

Graduate

Fax: 714.681.7450

Students on F-1 visas wishing to transfer to Hope International University must have this Status Verification Form completed by the institution they were last authorized to attend.

Student Name: _____
Last First Middle

U.S. Address: _____

Date of Birth: _____ Student ID # _____
Month/Date/Year

To be completed by International Student Advisor or other Immigration officer at current school.

Please verify current immigration status of the above named student so that an institutional transfer to Hope International University can be effected according to proper BCIS regulations.

Name of Institution: _____

Address: _____

SEVIS School File Number: _____ 214F _____

SEVIS ID# _____ SEVIS release date _____

Dates of Attendance: From _____ To _____

Student is currently in status: Yes No

If no, please explain: _____

Our institution is willing to reinstate the student: Yes No

The student has met all financial responsibilities to the school: Yes No

Signature Date

Name and Title Official stamp/seal

Contact phone number

Your cooperation is highly appreciated.