



Citi College of Allied Health
134 North LaSalle Street, Suite 720 Chicago, IL 60602

Transfer Request Form

Note: Students who are transferring to Citi College of Allied Health 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 Complete By The Student:

Student's Name: _____
Last First Middle

Current Mailing Address: _____

City State Zip

Country of Citizenship Date of Birth I-94 Number

Student's Signature: _____ Phone #: _____ Date: _____

Part B: To Be Completed By DSO

International Student Advisor: The student listed above has applied for admission to Citi College of Allied Health. Please complete and return this form by fax at (312) 277-1007 to the attention of Director, International Student Affairs. **School Code: CHI214F01777000.**

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

DSO's Name: _____
Last First Middle

School Name: _____

Address: _____

DSO's Signature: _____ Phone #: _____ Date: _____