



Transfer Verification Form

To be used by international students seeking admission into GT Educational Center

Part 1: (This section must be completed by GT Educational Center)

School Name: GT Educational Center

Phone: 847-568-1560

Location: (Choose One)

Downtown
816 S. Michigan Ave
Chicago, IL 60605

Northwest Chicago
4032 Nashville Ave
Chicago, IL 60634

Hickory Hills
7667 W. 95th St. #301
Hickory Hills, IL 60457

SEVIS Code: CHI214F15710000

SEVIS Code: CHI214F15710001

SEVIS Code: CHI214F15710002

PDSO Name: C. Park

Part 2: (This section must be completed by STUDENT)

Last name:

First name:

Date of Birth:

Phone:

Email:

Intended Course of Study:

Intended Start Date:

STUDENT STATEMENT:

I authorize the DSO at my most recent educational institution to provide the information requested by GT Educational Center.

SIGNATURE:

DATE:

Part 3: (This section must be completed by the DSO at Student's current educational institution)

Please complete Part 3 of this form and email to ATTN: DSO info@gt.edu

Name of institution:

Student's SEVIS I-20 Number:

I-20 Exp. Date:

SEVIS Release Date:

Date Student started studies:

Date Student finished studies:

Has the Student maintained his/her non-immigrant status (check one)

Yes

No

If your answer to the above question was No, please explain below:

Is the Student eligible to continue studies at your institution?

Yes

No

If your answer to the above question was No, please explain below:

School Official Name:

Title:

Phone:

Email:

Signature:

Date:

GT EDUCATIONAL CENTER

Main Campus : Chicago Downtown
816 S. Michigan Ave. #LL, Chicago, IL 60605
Tel. : (847) 568 1560
Fax : (847) 568 1563

Campus Extension: Portage Park
4032 N. Nashville Ave. Chicago, IL 60634
Tel. : (773) 777 4625
Fax : (773) 777 7914

Classroom Extension : Hickory Hills
7667 W. 95th St. #301 Hickory Hills, IL 60457
Tel. : (708) 233 5701
Fax : (708) 233 5702

E-mail : info@gt.edu
Website : www.gt.edu