F-1 Status Verification Form

This form is required for students who wish to transfer to UCR Extension International Programs. Complete the “student information” in Section 1. An international student advisor (PDSO or DSO) at your school must complete Section 2.

E-mail your completed form to: iep_application@ucx.ucr.edu.

Section 1. Student information:

Today’s Date:     _____ / _____ / ______    UCR Extension ID Number: __________________________

Student Name: __________________________________________________________________________

Month     Day         Year

Family Name    First Name      Middle Name

SEVIS Number (found on I-20): __________________________________________

I hereby authorize the information below and subsequent information regarding my F-1 Status to be submitted or shared with the staff of the UCR Extension International Education Programs solely for application purposes.

Student Signature: ________________________________________________________________________ Date: __________________

Section 2. To be completed and signed by PDSO or DSO:

DO NOT RELEASE SEVIS RECORD UNTIL OFFICIAL ACCEPTANCE LETTER HAS BEEN RECEIVED

The above-named student is/was enrolled full-time and has maintained F-1 status:  □ Yes   □ No

Is the student eligible to continue at your school?  □ Yes   □ No

If no, please explain: ___________________________________________________________________

Dates of attendance: ____________ to: ________________ Anticipated release date: ____________

Did the student have issues with any of the following?: □ Attendance   □ Academic progress   □ Behavior

Comments: ____________________________________________________________________________

School Name: __________________________________________________________________________

DSO Name: _____________________________________________________________________________

Email: ___________________________________________ Phone: _______________________________

By signing below, the DSO verifies that the information above is true to the extent of their knowledge.

DSO Signature: ________________________________________________________________________ Date: __________________

E-mail your completed form to: iep_application@ucx.ucr.edu.

Form Received:  _________    _________      Form Processed: __________    __________

Date            Initials                                 Date            Initials