



H I R A M C O L L E G E

V E R I F I C A T I O N O F S T A T U S F O R M

OFFICE OF ADMISSION

HIRAM COLLEGE

P.O. BOX 96

HIRAM, OH 44234

U.S.A.

PHONE: 330-569-5169

(International calls)

800-362-5280

(Within the U.S.A.)

FAX: 330-569-5944

E-MAIL: interal@hiram.edu

WEBSITE: www.hiram.edu

APPLICANT:

If you are attending or have recently attended a high school or college/university in the United States, please complete the top section of this form and give it to the Designated School Official - DSO (usually the International Student Advisor) at that institution. Be certain to indicate to the Advisor the date on which you would like to have your SEVIS record transferred to Hiram College. A Hiram College Form I-20 or DS-2019 can be issued after this form is completed and returned (with the documents requested) to Hiram College and your current school has released your SEVIS record for transfer to Hiram College. Please ask the Advisor to complete this form only **after** you have made the firm decision to enroll at Hiram College.

Prior to giving this form to your advisor, attach photocopies of your I-94 (front and back), your visa, your passport biography pages, and all I-20s and/or DS-2019s issued to you.

Name (please print): _____
Family/Last First Middle

SSN#: _____ Student ID#: _____

Term and year you were last enrolled at previous institution: _____

Semester of intended enrollment at Hiram College: Fall (August) Spring (January) 20_____

Current Visa Classification: F-1 J-1 Other _____

I HEREBY AUTHORIZE _____ TO RELEASE THE INFORMATION
College/University REQUESTED BELOW TO HIRAM COLLEGE.

STUDENT SIGNATURE: _____ DATE: _____
Month/Day/Year

DESIGNATED SCHOOL OFFICIAL:

The student named above has applied for admission to Hiram College. To comply with USCIS regulations, we are requesting confirmation of his/her status at your institution. Prior to completing this section, we ask that you review the information above and the attachments for accuracy. Please respond to the following questions and return the completed form and attachments to the Office of Admission. Thank you for your assistance.

Student's current visa classification: _____

Date initial F-1 or J-1 visa was issued: _____

SEVIS ID Number: _____

Dates attended at your institution: From _____ to _____

Completion date on the I-20/DS-2019: _____

I-94 expiration date: _____

Please indicate the specific dates of any practical training (noting full- or part-time) in which the student has participated:

Curricular (CPT) _____

Optional (OPT) _____

J-1 Academic _____

Please check one of the following statements that to the best of your knowledge applies to the student's current status:

- The student is in good standing and is/has been pursuing a full course of study.
- The student is out of status and a petition for reinstatement to student status was filed on _____ at _____
Date
INS (_____) and is pending. (Please enclose copies of documents filed with INS.)
District Office
- The student is out of status and we will advise/have advised him/her to apply for reinstatement.

On what date will this student's record be released for transfer in SEVIS? _____
Month/Day/Year

Additional Comments: _____

NAME: (please print) _____

TITLE: _____
(Title of Designated School Official completing this form)

INSTITUTION: _____
Name

_____ Address

TELEPHONE: _____
Area code / number

SIGNATURE: _____ **DATE:** _____
Month/Day/Year