



International Student Office

Empowerment Through Education

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F-1 Student Transfer Recommendation Form

If you are transferring from a school in the United States, you must complete the transfer process by having this Transfer Recommendation Form completed. **If this form is not returned, we cannot complete your transfer.**

1. To Be Completed by the International Student

FAMILY NAME FIRST NAME SEVIS ID NUMBER

ADDRESS

Street / Number *City* *State/Province* *Country* *ZIP*

EMAIL ADDRESS HOME PHONE CELL PHONE

STUDENT SIGNATURE DATE (MM/DD/YYYY)

2. To Be Completed by Designated School Officer

ENROLLED IN Master of Acupuncture Master of Acupuncture & Herbs

DATES OF ATTENDANCE FROM TO

ENROLLMENT STATUS Full Time Part Time

IF PART-TIME, EXPLAIN

STUDENT IS IN GOOD STANDING AND MAINTAINS HIS/HER F-1 STATUS YES NO

IF NO, EXPLAIN

OFFICIAL SEVIS RECORD RELEASE DATE

NAME OF INSTITUTION (SEVIS) SCHOOL CODE

ADDRESS

Street / Number *City* *State/Province* *Country* *ZIP*

D.S.O.'s NAME AND TITLE

TELEPHONE NUMBER EMAIL ADDRESS

ADVISOR SIGNATURE DATE (MM/DD/YYYY)

CCOM SCHOOL CODE: **CHI214F60541000**