

**John A. Logan College
Transfer-In Authorization Form**

Part A. To Be Completed by the Student

Given Name (as it appears on passport): _____

Surname (as it appears on passport): _____

Personal email: _____

I authorize the information requested below to be released to John A. Logan College.

Student Signature: _____

Date: _____

Part B. To Be Completed by Designated School Official at Transfer-Out School

The above-named student has qualified academically to attend John A. Logan College. In compliance with the United States Citizenship and Immigration Services regulations, we request confirmation of the above-named applicant's status at your institution before approving the transfer.

John A. Logan College Carterville Campus SEVIS Code: **CHI214F01336000**

Student's SEVIS ID Number: _____

Student's Last Date of Class: _____

Projected SEVIS Release Date: _____

Student has pursued a full course of study since: _____

The student is in good standing.

The student's SEVIS record is not Completed, Terminated, or pending Reinstatement or Change of Status (COS).

Did the student graduate/complete the program? _____

DSO Name: _____

DSO Title: _____

Institution: _____

DSO Email: _____

DSO Signature: _____

Please email this completed form to internationalstudents@jalc.edu.