

SEVIS F-1 STATUS VERIFICATION For students currently attending a SEVP authorized high school, college, or ESL program in the U.S.

Please complete and sign Part 1 and ask your current International Student Advisor to provide the information in Part 2.

Part 1 (To be completed by the student)	
Family Name:	First Name:
YCP ID #:	
Address:	
City:	State: Zip Code:
I hereby authorize my current Designated School Official to provide the information requested in part 2 of this form and to release my SEVIS record upon acceptance to York College of Pennsylvania PHI214F00184000	
Student Signature:	Date:
Part 2 (To be completed by the Internation	nal Student Advisor/Designated School Official)
Dates of Attendance:	to
Degree & major pursued at your institution:	
Is this student eligible to continue at your institution?YesNo	
Anticipated transfer release date, upon confirmation of admission:	
Please provide a copy of the student's I-20 issued by your institution (page 1 and 2).	
Is/Was the student in status?Yes No (If no, please explain in comments section)	
Is/Was the student pursuing a full course of study when last enrolled?YesNo	
Has the student met all financial obligations at your institution?YesNo	
Please list any periods of Practical Training:	
Has the student ever been on academic suspension or probation?YesNo	
Comments:	
Name of Advisor/DSO: Title:	
Name of Institution:	
Address of Institution:	
Telephone:	E-mail:
Signature:	Date: