



1. HCC ID: _____
SEVIS ID: _____
Email: _____

COMPLETION VERIFICATION FORM (CVF)

To Student: Please Complete Sections 1-3 and contact your academic advisor. Follow up with your DSO on the status of your I-20.

To Academic Advisor: Complete Section 4 and send the form to Student and oiss.international@hccs.edu.

2. Student Information

_____ Family (Last) Name _____ First Name _____ Date of Birth (MM/DD/YY)

3. Please select the intended purpose for completing this verification form. Check all that apply:

To start a new program after program completion/Change of Educational Level (CEL) or to change current program*

Starting semester: _____ Please type your preferred major: _____

To extend my SEVIS Form I-20 (need more time to complete my current program)

To apply for Graduation; and/or to secure permission for a Reduced Course Load (RCL) for the semester of program completion; and/or to apply for Post-Completion Optional Practical Training (OPT)

Other: _____

** F-1 students are not allowed to change programs in their last semester without previous permission from their DSO.*

4. Academic Verification (Must be completed by an Academic Advisor)

The above named student is expected to complete the following program plan on the following date:

_____ Student's Program _____ Student's Plan _____ Cumulative GPA _____ Completion Date (MM/DD/YY)

Subject Course Number Credit(s) Comment(s)

Total Credits:

I have entered the remaining courses and/or a comment in People Soft confirming that I have filled out the F-1 Student Program Completion Verification Form and have sent the form to student and ISP.

_____ HCC Academic Advisor _____ E-mail or Phone _____ Signature _____ Date (MM/DD/YY)

Office Use Only _____ Initials Comments in PS