



THE UNIVERSITY OF
CHICAGO

**Campus and
Student Life
International Affairs**

Verification of Completion Form

Name of Student: _____

Student ID#: _____

Program of study: _____

NOTE to student: Please ask your College Academic Adviser or Graduate Faculty Adviser/Dean of Students to complete the bottom portion of this form. Then, submit the completed form to OIA.

NOTE to adviser: In order to assess the above-named student's eligibility for certain immigration benefits, we ask that you please check one of the boxes below as applicable and fill in the appropriate quarter. Please return this form to the student. Thank you.

- COLLEGE STUDENTS ONLY:** I verify that the above-named student will complete his/her course requirements by the end of the _____ quarter, 202__.
- GRADUATE STUDENTS ONLY:** I verify that the above-named student will complete all of his/her course requirements with the exception of his/her thesis by the end of the _____ quarter, 202__ .
- GRADUATE STUDENTS ONLY:** I verify that the above-named student will complete his/her degree requirements by the end of the _____ quarter, 202__.

Signature of Adviser: _____ **Date:** _____

Name & Title of Adviser: _____

Department or Division: _____