



Applicant / Student Name \_\_\_\_\_

**U.S. Enrollment Verification Form: Part II**  
**(To be completed by the International Student Advisor at the school currently**  
**or most recently attended by the applicant / student)**

After reviewing the information the applicant has provided in Part I of this form for accuracy, please provide the information requested below and return it to:

**Cleveland Institute of Music**  
**Financial Aid Office**  
**11021 East Blvd.**  
**Cleveland, OH 44106-1776**  
or  
**Fax (216)707-4519**

1. Is the information provided by the applicant in Part I complete and accurate according to your records?  
 Yes  No      If no, please comment: \_\_\_\_\_  
\_\_\_\_\_
  
2. If the applicant currently has F-1 or J-1 status, please provide the following information:  
First date of F-1 status \_\_\_\_\_ SEVIS number \_\_\_\_\_
  
3. Has the applicant experienced any unusual adjustment problems while attending your institution?  
 Yes  No      If yes, please comment: \_\_\_\_\_  
\_\_\_\_\_
  
4. Has the applicant experienced any financial problems while attending your institution?  
 Yes  No      If yes, please comment: \_\_\_\_\_  
\_\_\_\_\_
  
5. Periods of Curricular—Optional Practice Training:  
Date: \_\_\_\_\_ CPT/OPT \_\_\_\_\_ Types of Employment: \_\_\_\_\_  
\_\_\_\_\_
  
6. Periods of Employment Authorization due to economic necessity (EAD issued):  
Date: \_\_\_\_\_ Types of Employment: \_\_\_\_\_  
\_\_\_\_\_
  
7. For SEVIS Release / Transfer Out purposes, please direct the student's record to:  
"CLE214F00221000 Cleveland Institute of Music – CIM Main Campus – University Circle."
  
8. Additional comments: \_\_\_\_\_  
\_\_\_\_\_

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Name _____	Title _____
School Name _____	Telephone _____
School Address _____	Fax _____
_____	E-mail _____
Signature _____	Date _____