



INTERNATIONAL STUDENT TRANSFER ELIGIBILITY FORM

SEVIS school code: WAS214F12255000

**Section A** – To be completed by the student:

Student's Name \_\_\_\_\_

Last/Family Name

First Name

Middle

Date of Birth \_\_\_\_\_ Program of Interest \_\_\_\_\_

Program Start Date \_\_\_\_\_ Campus \_\_\_\_\_

I hereby authorize my current (or most recent school) permission to release information requested in this form to **Columbia College** in order to complete my transfer.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B** – To be completed by the International Student Advisor/ Designated School Official:

Dates of full-time enrollment at your institution: from \_\_\_\_\_ to \_\_\_\_\_

Level of education sought at your institution: \_\_\_\_\_

The student named above is:

\* \_\_\_\_\_ in status according to USCIS regulations

\* \_\_\_\_\_ out of status according to USCIS regulations

Comments \_\_\_\_\_

SEVIS number: \_\_\_\_\_ Earliest release date: \_\_\_\_\_

Please Do Not Release the SEVIS record until you receive a copy of his/her admission letter.

Any approved periods of OPT from \_\_\_\_\_ to \_\_\_\_\_

Name of Institution \_\_\_\_\_ Phone \_\_\_\_\_

Name of DSO \_\_\_\_\_ Fax \_\_\_\_\_

Signature of DSO \_\_\_\_\_ E-mail \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to the student or send/fax to Columbia College's Office of International Students