

INTERNATIONAL STUDENT TRANSFER ELIGIBILITY FORM

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 _____

Columbia College SEVIS Code: **WAS214F12255000**

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 _____ Email _____

Date _____

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