

Eligibility To Transfer Into City College

Student's Name: _____

[Family/Last Name]

[Given/First Name]

EMPL ID (if any): _____ Date of Birth: _____ Gender: []-Male []-Female

First Semester expected to enroll at CCNY: _____

Phone: _____ Email: _____

I hereby authorize release of the information requested below:

Student's signature: _____ Date: _____

The following to be completed by Designated School Official of the Transfer-OUT school:

The student named above has indicated intention to transfer to The City College of New York.

Please provide the information requested for the student's transfer eligibility

1. Is this student authorized by the Immigration Service to attend your institution? _____

2. Was student pursuing a full course load of study every semester while attending? _____

3. Please indicate the status of the students' SEVIS record:

ACTIVE _____

COMPLETED _____ Date and circumstances of completed status: _____

TERMINATED _____ Date and circumstances of terminated status: _____

Date the student was notified by your institution of their terminated status: _____

4. Was student authorized for Practical Training? If yes, indicate type and dates of authorization:

Pre-Completion OPT _____ Post-Completion OPT _____

Full-Time CPT Employment Dates: _____

5. Please state the dates that the student attended your institution:

Start date: _____ End Date of Last Session Attended: _____

6. In your opinion, is student eligible for school transfer under the Notification procedure? _____

If not, explain: _____

7. SEVIS ID number: N _____

8. SEVIS Release Date: _____

Name of DSO: _____ Title: _____

Institution: _____ Telephone: _____

Address: _____

E-mail address: _____

Signature: _____ Date: _____

Please email this form to
oiss@ccny.cuny.edu

OR

Mail it to
Dept. of International Student &
Scholar Services
160 Convent Ave, NAC 1/107
New York, NY 10031