

Eligibility To Transfer Into City College

Student's Name: _____
[Family/ Last Name] [Given/ First Name]

EMPLID ID (if only): _____ Date of Birth: _____ Gender: [_] – F [_] – M [_] – X

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.**

SEVIS Code: NYC214F00812005

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: N _____
8. SEVIS Release Date: _____

Name of DSO: _____ Title: _____

Institution: _____ Telephone: _____

Address: _____

E-mail Address: _____

Signature: _____ Date: _____