ELIGIBILITY TO TRANSFER INTO CITY COLLEGE

[Name in SEVIS] **The City University of New York--City College of New York**
[SEVIS School Code] **NYC214F00812005**

Student's Name: _____ SSN/CCNY ID Number: XXX-XX - __ __ __ __ (last four #'s)
[Family/Last Name] *[Given/First Name]*

Date of Birth_____ Gender: [ ]-Male [ ]-Female First Semester expected to enroll at CCNY: _____

List other U.S. schools attended as F-1 [including Language Schools]:_____

I hereby authorize release of the information requested below:

Student's signature:_____ Date:_____

To be completed by the Designated School Official from 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 in order that the student's eligibility for notification transfer may be determined.

1. YES-☐ NO-☐ Is this student authorized by the Immigration Service to attend your institution?
2. YES-☐ NO-☐ Was student considered to be pursuing a full course of study every semester while attending?
3. Please note your current SEVIS record for this student and indicate SEVIS status.
   ☐-**ACTIVE**
   Checking one of the following indicates student will need Reinstatement
   ☐-**COMPLETED**: Date and circumstances of completed status._____
   ☐-**TERMINATED**: Date and circumstances of terminated status._____
4. YES-☐ NO-☐ Was student authorized for Practical Training? If yes, indicate type and dates of authorization
   ☐-Pre-Completion OPT Employment Dates:_____
   ☐-Post-Completion OPT Employment Dates:_____
   ☐-Full-Time CPT Employment Dates:_____
5. Please state the last Semester/Quarter/Session Completed by student at your institution:
   Begin Date of Last Session Attended: _____ End Date of Last Session Attended:_____
6. YES-☐ NO-☐ In your opinion, is student eligible for school transfer under the NOTIFICATION procedure?
   If not, explain:_____

7. N_____SEVIS ID number **8. SEVIS Release Date: _____**

Name of Designated School Official: _____ Title: _____

Institution: _____ Telephone: _____

Address: _____ E-mail address: _____

Signature: _____ Date: _____

Please complete the above and mail or fax:

Undergraduate transfers to	Graduate transfers to
Ms. Angelique Cordero, International Student Processor **Office of International Student & Scholar Services** **160 Convent Avenue - NAC 1/107** **New York, New York 10031** **Tele # 212.650.5322 Fax # 212.650.5830**	**Mr. Alan Sabal, Associate Director** **Admissions Office** **160 Convent Avenue – A 101** **New York, New York 10031** **Tele # 212.650.6444 Fax # 212.650.6417**