

This form is an admission requirement for current F-1 students of other colleges or universities who wish to transfer their active SEVIS record to Columbus State Community College. **This form does NOT constitute proof of acceptance and it is NOT a request to have your SEVIS record released to Columbus State.**

SECTION 1: TO BE COMPLETED BY STUDENT

Section 1: To Be Completed by Student

Name and Date of Birth:

(please print)

Family/Last Name

Given/First Name

Date of Birth (mm/dd/yy)

Current Address in the US:

City

State

Zip Code

E-mail

Phone

SEVIS ID #:

N

Name of Current School:

Semester You Intend to Enroll at CSCC:

Autumn Semester

Spring Semester

Note: Due to the shortened length of the summer term, CSCC does not accept 1st semester F-1 transfer students for the Summer Semester

I hereby grant permission to the aforementioned school's Designated School Official (DSO) to complete Section 2 of the Transfer Eligibility Form on my behalf. I affirm that I have abided by the F-1 regulations including, but not limited to, maintaining full-time status and not partaking in unauthorized work.

Signature

Date

SECTION 2: TO BE COMPLETED BY P/DSO

This document does not constitute proof of acceptance by Columbus State Community College (CSCC) and is NOT a request to release the student's SEVIS record to CSCC. If student is granted admission, only release **ACTIVE** SEVIS records to Columbus State. We do not accept completed or terminated SEVIS records.

Please answer the following to the best of your knowledge:

- Dates the student attended your institution: _____
- Is the student currently in status with USCIS? Yes No
- Has the student ever been authorized for a reduced course load? Yes No
 - If yes, how many months? _____
- Please list any OPT/CPT if applicable OPT CPT
 - If checked, for how many months? _____
- Has the student met all of his/her financial obligations to your institution? Yes No Unknown

Additional comments from P/DSO

Name of College/University: _____

Address: _____

P/DSO Name: _____

Signature: _____

E-mail: _____

Phone: _____