International Student Admissions

Transfer Eligibility Form

F-1 students complete Section #1 of this form. Then request to have your current school’s International Advisor (Designated School Official) complete Section #2 and submit the form directly to Century College.

SECTION 1: To be completed by the Student: Please Type or Print Clearly

Student Name: ________________________________________________________________ Date of Birth: ______________

Last                                               First                              Middle                 month/day/year

Current School: ________________________________________________________________

Current or previous college/university/ESL program name

By signing below, I authorize the International Student Advisor (or Designated School Official) at the above named school to provide Century College the information requested in Section #2 below.

_______________________________________________________________             ________________________________

Student Signature             Date

SECTION 2: Designated School Official, please complete all sections below and return form to Century College

Student’s SEVIS ID Number: _______________________________________________

1. The student:
   □ Is currently enrolled full-time at this school during term/year___________________, which ends on _____________________
   □ Is enrolled less than full-time at this school because ___________________________________________________________
   □ Has completed his/her program of study at this school on (date) _________________________________________________
   □ Did not complete his/her program of study. Last known date of attendance was_________________________
   □ Never reported to this school, as per I-20 issued to student.

2. Is the student currently serving an academic suspension at your institution? [ ] No   [ ] Yes

3. Has the student met all financial obligations to your institution? [ ] No   [ ] Yes

4. Has the student been authorized for practical training? [ ] No   [ ] Yes,   [ ] CPT   [ ] OPT

   Dates:_________________________________  Program Level: ___________________________

5. To the best of my knowledge, the student is:
   □ In status with respect to SEVP’s governing regulations
   □ Out of status with respect to SEVP’s governing regulations because:__________________________________________________________________________________
   □ A reinstatement for student status is pending
   □ Student has been advised that a reinstatement will be required by his/her new school

________________________________________________________     ___________________________________________________

Name and Title of DSO       Name and Location of School

________________________________     _____________     ______________________

Signature       Date              Phone    Email