



Tysons Campus  
8620 Westwood Center Dr.  
Vienna, VA 22182  
TEL. 703-206-0508

## INTERNATIONAL STUDENT TRANSFER ELIGIBILITY FORM

### **Section A – To be completed by the student:**

Student's Name \_\_\_\_\_  
Last / Family Name First Name Middle

Date of Birth \_\_\_\_\_ Program of Interest \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Campus \_\_\_\_\_

I hereby authorize my current (or most recent school) permission to release information requested in this form to Columbia College in order to complete my transfer.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Columbia College SEVIS Code: **WAS214F12255000**

### **Section B – To be completed by the International Student Advisor / Designated School Official**

Dates of full-time enrollment at your institution: from \_\_\_\_\_ to \_\_\_\_\_

Level of education sought at your institution:

The student named above is:

\* \_\_\_\_\_ in status according to USCIS regulations

\* \_\_\_\_\_ out of status according to USCIS regulations

Comments \_\_\_\_\_

SEVIS number: \_\_\_\_\_ Earliest release date: \_\_\_\_\_

**Please Do Not Release the SEVIS record until you receive a copy of his/her admission letter.**

Any approved periods of OPT from \_\_\_\_\_ to \_\_\_\_\_

Name of Institution \_\_\_\_\_ Phone \_\_\_\_\_

Name of DSO \_\_\_\_\_ Fax \_\_\_\_\_

Signature of DSO \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form to the student or send/fax to Columbia College's Office of International Students**