CCBC
The Community College
of Baltimore County

TRANSFER ELIGIBILITY CERTIFICATE

TO BE COMPLETED BY STUDENT:

Full Name: _____
Last First Middle

I.D. or Social Security Number: _____

I give _____ permission to release the information
Name of previous school

below to complete my transfer to CCBC Catonsville.

_____ _____
Student's Signature Date

* *

TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR AT YOUR PREVIOUS SCHOOL:

Institution: _____

Address: _____

Phone Number: _____ e-mail: _____

SEVIS School Code: _____ 214F _____ Release date indicated in SEVIS: _____

Student's SEVIS Number: _____

Dates of enrollment at your institution: From: _____ To: _____

Student is currently in legal F-1 status: Yes _____ No _____

Student is eligible for F-1 transfer to CCBC: Yes _____ No _____

Student fulfilled financial obligations to your institution: Yes _____ No _____

If no to any of the above, please explain: _____

_____

Curricular Practical Training, Optional Practical Training, or other F-1 off-campus employment authorization used (type of employment and dates): _____

Please mail or fax a copy of the student's current I-20 to our office. Thank you.

_____ _____ _____
International Advisor's Signature Date Phone Number

_____
International Advisor's Name and Title

Please return to: CCBC Catonsville, 800 S. Rolling Road, Baltimore, Maryland 21228
Attn: Debra Ross, Admissions Counselor
Phone Number: (410) 455-4468 Fax: (410) 719-6546