

Transfer Eligibility Certificate

TO BE COMPLETED BY STUDENT:

Full Name			
Last		First	Middle
Student ID#			
I plan to attend the following CCBC c	ampus (please check or	ne).	
CCBC Catonsville SEVIS School Code: BAL214F00338000			
CCBC Dundalk	SEVIS School Code: BAL214F00338001		
CCBC Essex	SEVIS School Code: BAL214F00338002		
Permission is granted to			
-	(Name of cu	arrent school)	
Student's Signature			Date
TO BE COMPLETED BY INTERNA	ATIONAL STUDENT	ADVISOR AT YOUR CURRI	ENT SCHOOL:
Institution			
Address			
SEVIS School Code I		_ I-20 release date in SEVIS	
Student's SEVIS Number			
Dates of enrollment at your institution	ı	From	To
Student is currently in legal F-1 status		Yes	No
Student is eligible for F-1 transfer to C	CCBC	Yes	No
Student fulfilled financial obligations	at your institution	Yes	No
If no to any of the above, please explain	in		
Type(s) of Reduced Course Load (RC	L) and dates		
Curricular Practical Training, Option	al Practical Training, an	nd dates	
International Advisor (Signature) Date		Date	Phone Number
International Advisor Name and Title (Print)			Fax Number

Please fax or mail this form and a copy of the student's current I-20 to a campus listed below. Thank you.

CCBC Catonsville, ISS Office, Student Services Center, Suite 015, 800 S. Rolling Road, Baltimore, MD 21228 Fax: 443-840-4992 CCBC Dundalk & Essex, ISS Office, Student Services Center, Suite 120A, 7201 Rossville Blvd., Baltimore, MD 21237 Fax: 443-840-2200