



# Transfer Eligibility Certificate

**TO BE COMPLETED BY STUDENT:**

Full Name \_\_\_\_\_  
Last First Middle

Student ID# \_\_\_\_\_

I plan to attend the following CCBC campus (please check one).

- CCBC Catonsville SEVIS School Code: BAL214F00338000
- CCBC Dundalk SEVIS School Code: BAL214F00338001
- CCBC Essex SEVIS School Code: BAL214F00338002

Permission is granted to \_\_\_\_\_  
(Name of current school)

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

**TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR AT YOUR CURRENT SCHOOL:**

Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

SEVIS School Code \_\_\_\_\_ I-20 release date 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 at your institution Yes \_\_\_\_\_ No \_\_\_\_\_

If no to any of the above, please explain \_\_\_\_\_

Type(s) of Reduced Course Load (RCL) and dates \_\_\_\_\_

Curricular Practical Training, Optional Practical Training, and dates

\_\_\_\_\_  
International Advisor (Signature) 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