



International Student Transfer Eligibility Clearance Form

Robert Deegan
Superintendent/President

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Mark R. Evilsizer, M.A.
Ruth Larson, M.D.
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ASG President

**Office of
International Education**

Please fill out the following information, sign the statement, and have the rest of this form completed by your International Student Advisor or Designated School Official at your current school.

Student's Name: _____
Last First Middle

Student School ID Number: _____

I grant permission for the information requested below to be forwarded to Palomar College.

Student's Signature Date

To the International Student Advisor:

The above student has applied for admission to Palomar College. Please provide the following information and mail to **Palomar College International Student Office, 1140 West Mission Road, San Marcos, CA 92069-1487.**

Student's Admission (I-94) Number: _____

Dates of Attendance: from _____ to _____

Expected Date of Completion: _____

SEVIS ID #: _____

SEVIS Release Date: _____
Month Date Year

Dates of Curricular Practical Training (if applicable): _____ to _____

Dates of Optional Practical Training (if applicable): _____ to _____

Did the Student Maintain Full-Time Status (please circle)? Yes / No

Is the Student Eligible to Transfer (please circle)? Yes / No

Comments: _____

Name and Title: _____

Signature: _____ Date: _____

Institution: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

INS Filing Number: _____ 214F _____

**Please release the student's record to *Palomar College-Palomar College* SND
00077.000**

FAX: 760-761-3592