



International Student Transfer Eligibility Form

(Use this form if you are transferring to Palomar from another U.S. institution)

Instructions:

1. Please fill out your information in the box.
2. Have the rest of this form completed by your Designated School Official at your current school.

Student's Name _____		
Last	First	Middle
Your current school ID Number: _____		
I grant permission for the information requested below to be forwarded to Palomar College.		
_____ Student's Signature		_____ Date

To the Designated School Official:

The above student has applied for admission to Palomar College.

Please provide the following information and fax to 760-761-3592. Or you may email a scanned copy to intladm@palomar.edu.

Dates of Attendance: From _____ to _____

Expected Date of Completion: _____

SEVIS ID # _____ SEVIS Release Date: _____
MM/DD/YY

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

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

Did the student maintain full-time status? Yes No

Is the student eligible to transfer? Yes No

Comments: _____

Name and Title: _____

Signature _____ Date _____

Institution _____ Telephone Number _____

Email Address _____

INS Filing Number _____ 214F _____

Please email this form to: intladm@palomar.edu

Please do not release the applicant's SEVIS record until s/he is accepted.