



## **International Student Transfer Eligibility Form**

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

Section I (To be filled out by student):	
First Name:	Last Name:
Palomar ID Number:	
I grant permission for the information requeste	ed below to be forwarded to Palomar College.
Student's Signature	Date
Section II (To be filled out by the DSO of the so The student listed above has applied for admiss below about the student to the best of your known	sion at Palomar College. Please fill out the information
Dates of Attendance. From:	To:
Date of Completion:	SEVIS Release Date:
Student's SEVIS ID: N	
If applicable, please indicate dates of CPT	OPT From:To:
Did the student maintain full-time status?	Is the student eligible for transfer?
If not, please indicate more information about	the student's status:
DSO's Name:	Title:
Institution:	
	Phone:

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