

## **School Transfer Eligibility Form**

Please complete and sign PART I of this form and give it to your International Student Advisor at your current school. Inform your current Advisor that PART II needs to be completed and sent to the above address. We will need this form to complete your transfer to San Juan College.

## PART I: TO BE COMPLETED BY THE STUDENT

I authorize my International Student Advisor at my current school to provide the information below as part of my application for admission to San Juan College:

Name:	me:Country of Citizenship:			
U.S.Address:	City/State:	Zip	):	
Permanent Home Address:				_
Signature:	Expected En	rollment Date:		
PART II: TO BE COMPLETED BY AN	N INTERNATIONAL STUI	<u>DENT ADVISO</u> R	(P/DSO)	
Student's Current Immigration Status: F-1_	J-1 Other	(Specify)		
1. Is this student currently enrolled at	t your institution? Yes	_No		
If No, please give date of last atten	ndance:			
2. To the best of your knowledge, has	the student maintained lega	Il status while enrol	led at your institution	on?Yes
No				
If No, please explain:				
3. Would the student be permitted to	continue/return to your inst	itution? Yes	_No	
If No, please explain:				
Was the student granted Practical	or Academic Training while	enrolled at your ins	stitution? Yes	No
If Yes, please specify dates: From				_ To:
4. SEVIS#:	RELEASE DATE			
Signature of School Official:		Title:		_
Printed Name:	Name of Institution:		Date:	
Phone:	Fax:			