

TRANSFER ELIGIBILITY

To the student: If you have attended a U.S. school please complete this section, sign the statement below, and submit it to your international student advisor or an authorized school official. This form is required to complete your transfer to Triton College.

(Please print)

Student's name: _____
Last (family name)
First
Middle

Personal Data
Date of Birth: _____
Country of Birth: _____
Country of Citizenship: _____

Identification Numbers
Admission Number: _____
SEVIS ID Number: _____
Social Security Number: _____

Authorization
<p>I, _____ on _____ grant authorization for the information requested</p> <p style="text-align: center;">Student Signature Date</p> <p>below to be released to Triton College and grant permission for college officials to discuss information relative to my maintenance of F-1 status with Triton College. I plan to begin studies at Triton College on _____ .</p> <p style="text-align: right;">Date</p>

To the international student advisor: The student named above is applying for admission to Triton College. Please complete all of the following information and forward to: **Triton College, Records Evaluators Office, 2000 Fifth Ave., River Grove, IL 60171.**

Please do not release SEVIS I-20 without confirmation of acceptance.

Enrollment Verification
Dates of Attendance: _____
Was the student enrolled full time last semester?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student eligible to continue at your institution?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain _____

Date of Graduation: _____ or
Program End Date: _____
Has the student met all financial obligations to your institution? <input type="checkbox"/> Yes <input type="checkbox"/> No

Compliance
Did the student receive an I-20 from your institution?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list expiration date: _____
To the best of your knowledge has the student maintained compliance with his/her visa status?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional comments: _____

Authorized periods of Practical Training: _____
Has the student been authorized to reduce course load?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the reason (s)

Institutional Data	
Name and address of institution: _____	
SEVIS school code number : _____	E-mail Address: _____
Telephone Number : _____	Fax Number: _____
Name: _____	Title: _____
Signature: _____	Date: _____

Please note: Form will not be accepted if requested information is left blank. Please indicate N/A, if not applicable.