International Student Transfer Eligibility Certification
Baltimore City Community College
Admissions Office
http://www.bccc.edu/admissions/international

International Student: *Please complete the top portion of this form and then give the form to your International Student Advisor/Designated School Official to complete before we issue you an acceptance letter.*

Student name: _____

Name of college you are transferring from: _____

Campus name: _____

I grant permission for the information requested below to be released to Baltimore City Community College.

Student Signature: _____ Date: _____

To the International Student Advisor:
The above-named student has submitted an application to Baltimore City Community College. Please complete and return this form as part of the student's application process. It may be faxed or sent as an attachment to International Student Admissions, Admissions Office, Baltimore City Community College: international@bccc.edu , 410-462-8345(fax).

Our SEVIS School codes are:

❑ *BAL214F00033000 – Liberty Campus (all majors except Biotechnology Degree, Animal Lab Certificate, or Biotechnology Lab Science Certificate)*

❑ *BAL214F00033003 – BioPARK (only Biotechnology Degree, Animal Lab Certificate, or Biotechnology Lab Science Certificate)*

❑ *BAL214F00033001 – English as a Second Language (only)*

A list of our international student advisors is at http://www.bccc.edu/international (Admissions →International Students)

1. Are you a SEVIS school? ❑ Yes ❑ No

2. Student's SEVIS ID number: N ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

3. Dates of enrollment at your school: _____ through _____ (expected future date is acceptable)

4. Is the student in good academic standing and pursuing a full-time course load? ❑ Yes ❑ No

5. To the best of your knowledge, is the student out-of-status? ❑ Yes ❑ No

6. Is the student eligible for transfer? ❑ Yes ❑ No

7. If no to #3-6 above, please explain:_____
    _____

8. If known, expected SEVIS transfer out release date (this is not a promise to release SEVIS): _____

9. Please indicate dates and type of any practical training, or write "N/A":

Type	Start Date	End Date		Type	Start Date	End Date

P/DSO Name _____   Signature _____

Title _____   Date _____

Email _____   Phone _____