

**Community College Beaver County
Office of International Students**

INTERNATIONAL STUDENT TRANSFER FORM

Transfer Eligibility Form

This form is for use if you are an International Student studying in the United States and has already obtained an F-1 Visa. Students who are applying to the Community College Beaver County that have attended another U.S. College, University, or English Language Institute must submit this report. This report is a necessary part of your application to our college.

TO BE COMPLETED BY THE APPLICANT

Please complete the information in the blocked area and send both forms to your Foreign Student Advisor at the school from which you are transferring or most recently attending. If you have questions about this form please contact

NAME _____		
Last (Family)	First (Given)	Middle
CURRENT ADDRESS _____		
Street		

City	State	Zip
PHONE NO: _____		
Email Address: _____		
By signing this form I grant permission for the information requested to be forwarded to the Community College of Beaver County.		

Signature	Date	

**Community College Beaver County
Office of International Students**

TO BE COMPLETED BY THE FOREIGN STUDENT ADVISOR

The above named student is applying for admission to the Community College Beaver County. Please complete this form and return it to the address below. If you have any questions please email CCBCInternationalOffice@ccbc.edu .

1. Is the student pursuing a full course of study? (If not, please explain)

2. Is the student in status with U.S. Citizenship and Immigration Services (USCIS)? (If not, please explain)

3. Has the Student met all financial obligations? (If not, please explain)

4. Is the Student currently in SEVIS? ____ YES ____ NO

If yes, please forward the student's records to:

The Community College of Beaver County

International Office

1 Campus Drive

Monaca, PA 15061

Students SEVIS I.D: _____

Indicate proposed release date in SEVIS: _____

5. Do you recommend this student for transfer? (If not, please explain)

Name _____ Title _____

Institute Address _____

Telephone _____ Fax Number _____

Signature _____ Date _____