



## TRANSFER ELIGIBILITY FORM

Dear Transfer Student: Please complete **Section I**, and then give this form to the International Student Advisor (or Designated School Official) at your current school to complete **Section II**. This information will assist us in processing your transfer.

### I. To be completed by student

Student's Name: \_\_\_\_\_  
Last First

Are you planning to travel outside the United States before starting classes at CSI?  Yes  No

If **yes**, please tell us your traveling dates: \_\_\_\_\_

I authorize \_\_\_\_\_ (current school)  
the requested information below to be released to Computer Systems Institute, Charlestown Campus: **CHI-214F-0163-3003**.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### II. To be completed by Designated School Official at previous school

Date student began studies at your school: \_\_\_\_\_ Last date of attendance: \_\_\_\_\_

Transfer release date: \_\_\_\_\_ (Please release to "Computer Systems Institute – International Student Programs")

The above-named student  was  was not a full-time student when last enrolled.

The above-named student  was  was not in status according to F-1 regulations.

*If this student is not in status, please explain:*

\_\_\_\_\_

Has this student been REINSTATED to F-1 Status while attending your school?  Yes  No If Yes, explain below.

Did the student take a vacation while enrolled in your program?  Yes  No If Yes, when? \_\_\_\_\_

Please indicate any authorized periods of curricular and/or optional practical training:

\_\_\_\_\_

#### Comments:

\_\_\_\_\_

\_\_\_\_\_  
School Official's Name Title Signature Date

\_\_\_\_\_  
School name City, State, Zip Telephone Number

**Please fax this form to our office at 774.823.3434. If you have any questions, call the CSI International Student Department at 774.317.6900.**