



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 617.903.4247. If you have any questions, call the CSI International Student Department at 781.519.6450.