BELLEVUE COLLEGE
OFFICE OF INTERNATIONAL EDUCATION AND GLOBAL INITIATIVES

TRANSFER ELIGIBILITY FORM

(for F-1 Students)

3000 Landerholm Circle SE – Bellevue, WA 98007 | Tel: (425) 564-3185 | Fax: (425) 641-0246 |Email: oie@bellevuecollege.edu

Dear Transfer F-1 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. An F-1 student must be admitted by BC at least two week before the transfer grace period ending date.

Section I: To Be Completed by Student:

Last/Family Name: _____ First/Given Name: _____

Date of Birth: _____/_____/_____ Last Date Attended at your current school: _____

Current School SID#: _____ SEVIS ID#: _____

Email: _____ Phone: _____

Are you planning to travel outside the US before classes start at BC? ☐ No

☐ Yes, I need a transfer pending I-20. **I will travel on** *(from)*_____ *(to)*_____

By signing below, I authorize a School Official to provide Bellevue College with information requested below. I understand that it's my responsibility to ensure that my SEVIS I-20 record is released to Bellevue College in SEVIS before the quarter begins.

Student's Signature: _____ Date:_____

Section II: To Be Completed by International Student Advisor or DSO at your current school:

Date student began studies at your school:_____ Last Date of Attendance: _____

The above-named student:

☐ Is or ☐ Is NOT a full-time student when last enrolled.

If Not, please explain: _____

☐ Is or ☐ Is NOT in status according to F-1 regulations.

If Not, please explain: _____

Do you allow the student to continue at your school? ☐ Yes ☐ No, please explain: _____

_____

Vacation Term(s) (if applicable):_____

Has the student been REINSTATED to F-1 Status while attending your school? ☐ Yes ☐ No

If Yes, when and the reason:_____ Approved?_____

Please indicate any authorized Reduced Course Load:

Reason:	For which education level:	Periods:
☐ Academic	_____	_____
☐ Medical Condition	_____	_____
☐ Graduation	_____	_____

Please indicate any authorized periods of CPT and/or OPT and in what education level:_____

_____

Additional Comments:_____

School Official's Name: _____ Title:_____

Signature: _____ Date: _____

Phone: _____ Fax: _____ Email:_____

School Name and Address: _____

Please fax this form to our office at (425) 641-0246. If you have any questions, please call or email us. Thank you!
*(Please release to **"Bellevue College – SEA214F00300000"** <u>after</u> you get a copy of our acceptance letter.) Thank you!*