Medgar Evers College

Of The City University of New York
1650 Bedford Avenue
Brooklyn, New York 11225
Telephone: (718) 270-6021
Fax: (718) 270-6411

Office of Admissions
Julie Augustin
Foreign Student Advisor

TRANSFER VERIFICATION FORM

Students who have been attending school in the United States must submit this form.
This form must be returned before a student can receive a new Certificate of Eligibility (Form I-20).

PART I. TO BE COMPLETED BY STUDENT *(Please print clearly.)*

Last Name: _____ First Name: _____ Middle Initial:_____

SEVIS ID #: N_____ Date of Birth:_____S.S. # OR ID #:_____

Do you plan to travel outside the United States prior to your enrollment at Medgar Evers College? _____

*If yes, please indicate your expected date of departure from and re-entry to the United States:*_____

I intend to transfer to Medgar Evers College for the _____ semester. I hereby grant permission for the information requested to be made available to Medgar Evers College.

Student's Signature:_____ Date:_____

PART II. TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL AT PRIOR SCHOOL

The above-named student intends to transfer to Medgar Evers College for the term stated above. We are requesting the following information so that we may determine the student's eligibility for transfer to Medgar Evers College.

_____Registered in a full-time course of study and the expected date of completion of studies is _____
_.

_____Registered in less than a full-time course of study. *Please provide explanation (if known) in the comments section below.*

_____Completed the course of study at your school on _____.
(date)

_____Is engaged in approved Practical Training employment (OPT), having completed the course of study.

Authorization Start Date:_____ End Date: _____.

_____Did not complete the course of study but terminated attendance on _____.

_____ Transferred /Terminated / Released from SEVIS on _____.
(Circle one)

NOTE: Listed as: "**The City University of New York – Medgar Evers College**", in SEVIS.

Comments:_____

_____

Name and Title: _____Telephone: _____

Institution: _____ E-Mail Address:_____

Address: _____

Signature: _____ Date: _____

Please return this form to the above address by fax or mail.