



Office of Admissions & Recruitment

TRANSFER ENROLLMENT STATUS FORM

PART I. TO BE COMPLETED BY STUDENT

Student's Name: _____ Date of Birth: _____

INS Admissions #: _____ Student ID #: _____

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.

___ Authorized by INS to attend your institution ___ Yes ___ No.

___ 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 comments section below.

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

___ Is engaged in approved Practical Training employment, having completed the course of study.

From _____ to _____.
___ Did not complete the course of study but terminated attendance on _____.
While attending was / was not taking a full course of study.

___ Transferred/Terminated/Released from the SEVIS system on _____

NOTE: Listed as "The City University of New York – Medgar Evers College"

Comments: _____

Name and Title: _____

Institution: _____ Telephone: _____

Address: _____ E- Mail Address: _____

Signature: _____ Date: _____

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