

***\*The intent of the form is to determine eligibility (i.e., the student is in status), not to transfer in SEVIS. \****

**Section I** *(To be completed by student and provided to the International Student Adviser at the U.S. school currently or most recently attended. Please type or print neatly)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Current Mailing Address: \_\_\_\_\_  
 City/State/ZIP Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Student SEVIS Number N \_\_\_\_\_  
 (MM/DD/YYYY)  
 Expected Semester of Enrollment at WC: **(Circle One)** Fall Spring Summer

**I request and authorize the information below to be released to Weatherford College.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section II** *To be completed by the DSO at the current school to determine transfer eligibility.*

Dates of Attendance: \_\_\_\_\_

Is the student eligible to return or continue at your institution?	Yes	No
Is/Was the student enrolled full-time?	Yes	No
Is student in good academic standings?	Yes	No

\*If you responded "NO" to any item(s), please provide details on the below space.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please check (√) and complete all applicable statement(s):**

\_\_\_\_ **Student is 'out-of-status'**. Date SEVIS record was "Terminated": \_\_\_\_\_

\_\_\_\_ **Student is on OPT**. Date of Expiration: \_\_\_\_\_

\_\_\_\_ **Other:** \_\_\_\_\_

\_\_\_\_\_  
 Name of University/Institution

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 E-mail

\_\_\_\_\_  
 Office Address

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date