## F-1 TRANSFER ELIGIBILITY FORM

Dear International Student:

The following information is needed to complete your request for an I-20 from New River Community College. The Designated School Official (International Student Advisor) at your current school needs to provide us with information about your ISCIS (US Citizenship and Immigration Service) status. You need to complete Section I of this form and have your Designated School Official complete Section II and send the enclosed form to the following address:

Sheila Hart New River Community College School Code: WAS214F00678000 5251 College Drive Dublin, VA 24084 Office: Rooker Hall 135, Admissions Office Phone: (540) 674-3603 Toll Free: 1-866-462-6722 ext. 4204 Fax: (540) 674-3644 E-mail: shart@nr.edu

Section I: STUDENT must complete this section.

I give permission for the information requested below to be sent to New River Community College:

Last/Family Name	First Name	Middle Name	Citizenship	
Signature			Date	
SECTION II: DESIGNA	TED SCHOOL OFFIC	IAL at present school must c	omplete this section.	
1. To the best of your k YES NO	nowledge, has this stu	dent remained in status with	the USICIS and is eligible to transfer?	
2. Has this student me	all financial obligation	s while attending your institu	tion? YES NO	
3. Was this student en	olled in full-time study	last semester? YES	NO	
	•	thorized Practical Training:		
5. SEVIS Release Date:		SEVIS ID#		
6. Additional Comment	•			
Name of School Official (please print)		Signature of Sch	ool Official and Date	
itle of School Official		Telephone Numb	Telephone Number	