

If you are currently enrolled in or recently graduated from a college, university or high school in the United States, or you are completing a period of Optional Practical Training (OPT) or Academic Training, you must notify your current school's International Student Advisor of your intent to transfer by completing Bristol's Transfer Verification Form.

To initiate your transfer, complete Part I of this form. Then, ask your current institution's International Student Advisor to complete Part II. Please include completed forms with your admissions application and return to the Admissions Office at Bristol Community College.

PART I – To Be Completed by the Student

Student's Name: _____

Address: _____

Phone: _____

E-mail: _____

Date of Birth (mm/dd/yyyy): _____

Country of Birth: _____

Date you expect to begin at Bristol College (mm/dd/yyyy): _____

Name of U.S. institution currently attending: _____

I verify that the above information is correct. I hereby authorize my current Primary/Designated School Official or Responsible/Alternate Responsible Officer to provide the information requested by Bristol Community College in Part II of this form.

Student's Full Name (please print) _____

Student's Signature _____ Date _____

Please Note: Forms not completed in their entirety will be returned to the applicant and will delay application processing time. A sponsor CANNOT sign for the student; this form must bear the student's original signature.

Part II – To Be Completed by the International Student Advisor (P/DSO)

In compliance with F-1 regulations, we request confirmation of this student’s non-immigrant status before approving a transfer to Bristol Community College. Please complete this form as soon as possible. Sign and seal in a school envelope and return the form to the student. Alternatively, you may email the completed form to admissions@bristolcc.edu.

STUDENT INFORMATION

Student’s Name: _____ Date of Birth: _____

Student’s date of initial entry to the U.S.: _____

Is the student currently registered in SEVIS? Yes No

If yes, is the student listed as “Transfer Out”? Yes No

SEVIS release date or scheduled date if in future (mm/dd/yyyy): _____

Student’s SEVIS ID number: _____

Student’s program level: Secondary Associate Bachelor Master Other _____

Was this student pursuing a full course of study at your institution? Yes No

If no, please explain: _____

Has the student maintained lawful non-immigrant status? Yes No

If no, please explain: _____

Has the student met his/her financial obligations to your institution? Yes No

If no, please explain: _____

Date of graduation or completion of study (mm/dd/yyyy): _____

Please list any periods of Practical or Academic Training:

CPT OPT Academic Training – Dates: _____

SCHOOL INFORMATION

Institution Name: _____

Institution Address: _____

SEVIS School Code: _____

Advisor’s Name and Title: _____

Phone: _____ E-mail: _____

Advisor’s Signature: _____ Date: _____