

International Student Services Academic Services Allen House Cedar Crest College

Transfer Verification Form for F-1 Students

Student Section:

Please complete this section and give it to the international student office at the school you are currently attending.

Family Name:	Given Name(s):	Middle Name:
Term of Admissions to CCC (Term/Year):	Major:	Previous School of Attendance:
Date of Birth:	Country of Citizenship:	Country of Birth:
Statement: I want to study and transfer my permission for the information below to be		-
Student's Signature		e
<u>School Section</u> : The student above has indicated intent to t Upon completion, please email this form to We appreciate the information below so th	InternationalServices@cedarcr	rest.edu.
What is the student's SEVIS ID?		
Has the student maintained full-time	e F-1 status? Yes	No
If no, please explain:		
Dates of enrollment at your institution	on:	
When did the student complete?		
Or, when is the expected completion	n date?	
Please provide any details of any pra	actical training that has been req	uested or authorized:
CPT:		_
OPT:		_
Release date entered in SEVIS:		
Name and Title of P/DSO	Signature	Date
Phone Number	Email Address	
Name of Institution	Address	_