



Please fax back to: (253) 589-6054

## International Student Transfer Eligibility Verification Form

To be completed by the student:

Student's Name: \_\_\_\_\_  
Last First Middle

Name of School Attended: \_\_\_\_\_

Semester/Quarter Attended: From \_\_\_\_\_ to \_\_\_\_\_

Quarter you wish to enroll at CPTC (select one):  
 Fall  Winter  Spring  Summer Year: \_\_\_\_\_

I hereby authorize the above school to release all information about my attendance, grades and status to Clover Park Technical College International Programs for the purpose of my transfer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To be completed by the Designated School Official:

The above student from your institution has applied for admissions to Clover Park Technical College. Please help us complete the transfer process by answering the following questions. **Please fax the completed form back to CPTC at 253-589-6054.**

1. Did the above student maintain full-time status during his/her attendance at your institution?  Yes  No. If no, please explain: \_\_\_\_\_
2. Has the student fulfilled all his/her financial and academic obligations at your institution?  Yes  No. If no, please explain \_\_\_\_\_
3. Has the student applied and been approved for any employment benefits (OPT, CPT or Economic Hardship) while attending your institution?  No  Yes  
If yes, please provide employment start & end dates: \_\_\_\_\_ to \_\_\_\_\_
4. Student's last authorized vacation: Quarter \_\_\_\_\_ Year \_\_\_\_\_
5. Student's SEVIS ID #: \_\_\_\_\_
6. SEVIS Release Date: \_\_\_\_\_
7. Comment (please share any pertinent information that can help the process):  
\_\_\_\_\_

School Name: \_\_\_\_\_

School Official's Name & Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date