



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: _____

Choose CPTC Campus

Lakewood Campus (SEA214F00221000)

South Hill Campus (SEA214F00221001)

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 transfer to Clover Park Technical College. **Please complete the section below and return this form directly to CPTC by fax (253-589-6054) or by e-mail (international@cptc.edu).**

1. Did the above student maintain a 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