# International Student Transfer Eligibility Verification Form

## To be completed by the student:

<table>
<thead>
<tr>
<th>Student’s Name: ___________________________</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of School Attended: ___________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester/Quarter Attended: From ____________ to ____________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 (253-589-6056) 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

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CPTC-IEP International Student Transfer Eligibility Verification Form
Rev. October 31, 2016 by YC