Transfer Verification Form For International Students

Section I - This section is to be completed by Applicant

I ________________________, plan to enter MassBay Community College beginning _________________. I authorize my current college authorities (indicate date) ______________________________ to release information related to my (current college name) non-immigrant status as well as my enrollment status.

Student’s signature ___________________ Date _________________________

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Section II – This section to be completed by International Student Advisor

1. Is the student currently maintaining valid F-1 status? __________________________________________________

2. Is the student eligible for transfer notification? YES______________ NO _______________

   If NO, please explain: ________________________________________________________________
   ___________________________________________________________________________________

3. Student is/was expected to complete studies on ____________________________ (indicate date)

4. Student did not complete course of study, but terminated attendance on ________________________ (indicate date)

5. The completion date on the current/most recent I-20 is ____________________________ (indicate date)

6. Student has been authorized for Practical Training as follows: ________________________________ (please explain)

   ______________________________________________________________________________________

7. Release date: _________________________

   Name ____________________________ Date ___________________

   Title ____________________________ Institution ____________________

   Signature ______________________________________________________________________________

School Code: BOS214F00555000

Please return this form by fax or mail to: Office of International Education and Study Abroad, MassBay Community College, 50 Oakland Street, Wellesley Hills, MA 01702; fax (781) 239-2707; office phone (781)-239-2642.

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