

****The intent of the form is to determine eligibility (i.e., the student is in status), not to transfer in SEVIS.****

Section I *(To be completed by student and provided to the International Student Adviser at the U.S. school currently or most recently attended. Please type or print neatly)*

Last Name: _____ First Name: _____
 Current Mailing Address: _____
 City/State/ZIP Code: _____
 Telephone: _____ Email address: _____
 Date of Birth ____/____/____ Student SEVIS Number N _____
 (MM/DD/YYYY)
 Expected Semester of Enrollment at WC: (Select One) Fall Spring Summer

I request and authorize the information below to be released to Weatherford College.

Signature _____ Date _____

Section II *To be completed by the DSO at the current school to determine transfer eligibility.*

Dates of Attendance: _____

Is the student eligible to return or continue at your institution?	Yes	No
Is/Was the student enrolled full-time?	Yes	No
Is student in good academic standings?	Yes	No

*If you responded "NO" to any item(s), please provide details on the below space.

Please check (✓) and complete all applicable statement(s):

____ **Student is 'out-of-status'.** Date SEVIS record was "Terminated" : _____

____ **Student is on OPT.** Date of Expiration: _____

____ **Other:** _____

 Name of University/Institution

 Print Name

 E-mail

 Office Address

 Telephone Number

 Signature

 Date

Please return the completed form via email: international@wc.edu.