



# STUDENT TRANSFER ELIGIBILITY CONFIRMATION

California College of Communications  
1265 El Camino Real #250 Santa Clara, CA 95050  
Phone: (408) 374-5066 Fax (408) 884-4984  
[info@calcc.edu](mailto:info@calcc.edu) [www.calcc.edu](http://www.calcc.edu)  
**SFR214F01756000**

CalCC is required to have the following information on international students transfer, according to the rules and regulations of U.S. Immigration.

<b>STUDENT INFORMATION SECTION</b>	<b>To be completed by the student</b>
I request and authorize the school named below to complete the Academic Information Section of this form and either return it to me or send/fax it to the Admissions Office at California College of Communications to the address provided below.	
Name (print) _____ <span style="display: flex; justify-content: space-between; width: 80%; margin-left: 100px;"><small>Last Name</small><small>First Name</small></span>	
Address _____ Date of Birth ____/____/____ <span style="display: block; text-align: right; margin-right: 100px;"><small>MM/DD/YYYY</small></span>	
City _____ State _____ Zip code _____ Phone (____) _____	
E-mail _____ Student Signature _____	

<b>ACADEMIC INFORMATION SECTION</b>	<b>To be completed by the International Student Advisor/Designated School Official</b>
The student named above has indicated his/her intent to transfer to California College of Communications <b>SFR214F01756000</b> . We would appreciate your certification of the information below, so that we can verify the student's eligibility for the F-1 school transfer. This form may be returned to the student or mailed/faxed directly to the CalCC's Admissions & Records Office.	
<b>SEVIS Information:</b> Student's SEVIS Identification Number _____ Release Date _____ Current I-20 end date _____ Dates of Attendance: From _____ to _____	
<b>Eligibility for F-1 Transfer:</b> Has the student named above continually maintained F-1 status and has been enrolled in a full course of study <input type="checkbox"/> Yes <input type="checkbox"/> No Is the student eligible for an F-1 Transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the student transferring before the classes start? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please explain: _____ _____	
Would you accept the student back to your institution? If not, please explain. _____ _____	
Has there been any adjustment or disciplinary problems? _____	
Does the student need reinstatement once he/she transfer to our school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature _____ Name/Title of School Official _____	
Email Address _____ Telephone (____) _____	
Date ____/____/____.	
Once the form is completed, please return to: Fax (408) 884-4984 or scan to <a href="mailto:info@calcc.edu">info@calcc.edu</a>	
<b>Please do not transfer until you receive an Acceptance Letter from CalCC.</b>	
<div style="border: 1px solid black; width: 100%; height: 80px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 24px; color: gray;">School Stamp</span> </div>	