



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 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.

STUDENT INFORMATION SECTION	To be completed by the student
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I request and authorize the school named below to complete the Academic Information Section of this form and either return it to me or email/fax it to the Admissions & Records Office at California College of Communications.

Name (print) _____
Last Name First Name
Address _____ Date of Birth ____/____/____
MM/DD/YYYY
City _____ State _____ Zip code _____ Phone (____) _____
E-mail _____ Student Signature _____

ACADEMIC INFORMATION SECTION	To be completed by the International Student Advisor/Designated School Official
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The student named above has indicated his/her intent to transfer to California College of Communications **SFR214F01756000**. 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.

SEVIS Information:
Student's SEVIS Identification Number _____ Release Date _____
Current I-20 end date _____ Dates of Attendance: From _____ to _____

Eligibility for F-1 Transfer:
Has the student named above continually maintained F-1 status and has been enrolled in a full course of study Yes No
Is the student eligible for an F-1 Transfer? Yes No
Is the student transferring before the classes start? Yes 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 ? Yes 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 info@calcc.edu



Please do not transfer until you receive an Acceptance Letter from CalCC.