

WESTCHESTER COMMUNITY COLLEGE TRANSFER
RECOMMENDATION FORM

TO BE COMPLETED BY STUDENT

Student's name: _____ Date of birth: _____

Admission #: _____ Social Security or School I.D.# _____

I intend to transfer to WCC for the _____ 20__ semester. I hereby grant permission to Westchester Community College to receive the information being requested so that they may determine my eligibility to transfer to their institution.

Student's signature: _____ Date: _____

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL:

Is the student authorized by USCIS to attend your institution? _____ Yes _____ No

Has the student maintained status while attending your institution? _____ Yes _____ No

What is the expected date of completion of studies on the student's I-20? _____

Has the student completed a course of study at your school? _____ Yes _____ No

If yes, what date? _____

Has the student engaged in approved OPT or CPT? _____ Yes _____ No

If Yes, which ones? _____ CPT: From _____ to _____

_____ OPT: From _____ to _____

What was the last date of attendance for the student? _____ semester 20 _____

In your opinion, is the student eligible to transfer under the "Transfer Notification Procedure"?
_____ Yes _____ No.

Transfer release date _____

We are listed in SEVIS as **State University of New York Westchester Community College**.

Comments:

DSO Name and Title: _____

Signature: _____

Institution: _____

Email: _____ Phone: _____ Date: _____

Please complete this form and return to student or mail to:

Westchester Community College
Office of International Services
75 Grasslands Road, Valhalla, New York 10595
ATT: Anne Marie Verini, G132

Or Fax to: (914)606-5629

