

Office of International Student Services



SUNY Westchester Community College

TRANSFER RECOMMENDATION FORM

To be Completed by Student:

Student Name: _____ Date of Birth: ____/____/____

I intend to transfer to SUNY-WCC for the _____ 20_____ semester. I hereby grant permission to Westchester Community College to receive the information being requested so that the college 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, include course end 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 - (NYC214F00469000)

DSO Name & Title: _____

Signature: _____

Institution: _____

Email: _____ Phone: _____ Date _____

Please complete this form and return to student or email to anne.verini@sunywcc.edu