



TRANSFER RECOMMENDATION FORM
FOR INTERNATIONAL STUDENTS

TO BE COMPLETED BY STUDENT:

Student's Name: _____ Date of Birth: _____

SEVIS ID # _____ 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

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 _____

SUNY Westchester Community College is listed in SEVIS under Campus Code NYC214F00469000.

Comments:

DSO Name and Title: _____

Signature: _____

Institution: _____

Email: _____ Phone: _____ Date: _____

Please complete this form and email to:

Anne Marie Verini, Anne.Verini@sunywcc.edu

Office of International Student Services

(914) 606-5660