



Baltimore City Community College
International Student Transfer Eligibility Certification
Admissions Office
www.bccc.edu/international

International Student:

Please complete the top portion of this form and then give the form to your International Student Advisor/Designated School Official. Please ask them to email it to us after they have completed the bottom portion.

Student name (Surname(s), Given name(s))			
Name of college you are transferring from:			
Campus name:			
I grant permission for the information requested below to be released to Baltimore City Community College.			
Student Signature:		Date:	

To the International Student Advisor:

The above-named student has submitted an application to Baltimore City Community College. Please complete and return this form to allow a smooth transition for the student. It may be faxed or sent as an attachment to International Student Admissions, Admissions Office, Baltimore City Community College: international@bccc.edu, 410-462-8345 (fax).

Our SEVIS School codes for are:

- BAL214F00033000 – Liberty Campus (our main campus)
- BAL214F00033001 – Harbor (English Pathway Program)
- BAL214F00033003 – BioPARK (only Biotechnology Degree, Animal Lab Certificate, or Biotechnology Lab Science Certificate)

A list of our international student advisors is at <http://www.bccc.edu/international>

Are you a SEVIS school?		Yes		No
Student's SEVIS ID number:	N			
Dates of enrollment at your school:	From		Through	(future date is acceptable)
Is the student in good academic standing and pursuing a full-time course load?		Yes		No
To the best of your knowledge, is the student out-of-status?		Yes		No
Is the student eligible for transfer?		Yes		No
If no to #3-6 above, please explain:				
If known, expected SEVIS transfer out release date (this is not a promise to release SEVIS):				
Please indicate dates and type of any practical training below, or write "N/A":				
Type:		Start Date		End Date
Type:		Start Date		End Date
Type:		Start Date		End Date
Type:		Start Date		End Date

P/DSO Name:			
P/DSO Signature		Date	
P/DSO Title			
Email		Phone	