



Ask. Think. Lead.

International Student Transfer Eligibility Form

For students transferring to Capital University from another U.S. College, University or ESL program.

To the Student:

Full Name: _____

(as on passport) Family Name

Given Name

I authorize my International Advisor to provide the information requested below

Student Signature: _____ Date _____

To the International Advisor

This international student is applying to Capital University (school code: CLE214F10334000). Please **do not transfer out record** to Capital University until the student has received a Capital acceptance letter.

Is the student in legal F-1 or J-1 immigration status: Yes _____ No _____

If not, when was the student's SEVIS record terminated? _____

Is the student is good academic and disciplinary standing at your institution? Yes _____ No _____

If not, please explain _____

Start date at your school _____ Latest vacation term (if any) _____

Dates of any medical leave at your school _____

Does the student have any outstanding financial obligations to your school? Yes _____ No _____

Has the student been granted permission for practical training? Yes _____ No _____

If so, dates of : Curricular full-time _____ part-time _____

Optional full-time _____ part-time _____

Has the student been recommended to USCIS for employment based on economic hardship? Yes _____ No _____

If yes, please explain _____

If student holds a J-1 exchange visitor visa, who is the sponsor? _____

Program Number _____ Category _____

International Student Advisor:

Signature and Date _____ Print Name _____ E-mail or telephone _____

Name and the Address of Transfer Out Institution

Please mail, fax, or email this form to:

Capital University
Office of Admission
1 College and Main
Columbus, OH 43209-2394

Fax: 614-236-7947
Phone: 614-236-6101
Email: international@capital.edu