**International Student Transfer Eligibility Form**

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

**To the Student:**

<table>
<thead>
<tr>
<th>Full Name: ________________________________</th>
<th>Family Name</th>
<th>Given Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>(as on passport)</td>
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</table>

I authorize my International Advisor to provide the information requested below

<table>
<thead>
<tr>
<th>Student Signature: __________________________</th>
<th>Date: ________________</th>
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</table>

**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 in 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:

<table>
<thead>
<tr>
<th>Signature and Date: __________________________</th>
<th>Print Name: __________________________</th>
<th>E-mail or telephone: __________________________</th>
</tr>
</thead>
</table>

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