



TRANSFER ELIGIBILITY STATEMENT

International students who have been attending school in the United States are required to submit this form.

Please complete and sign the student's section of this form. The Transfer Eligibility Statement is to be completed by the Foreign Student Advisor **at the school you are currently attending**. Your admission to the Florida Institute of Technology **will not** be finalized until this form is properly completed and received by the Office of Graduate Admissions.

TO BE COMPLETED BY THE STUDENT:

Name: _____ SS#/School ID#: _____

Country of Birth: _____ Country of citizenship: _____

Current Address: _____

Phone: _____ Email: _____

List all U.S. institutions attended and dates of attendance: _____

I authorize the release of information requested below to Florida Tech.

Signature: _____ Date: _____

TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR:

Return to: Office of Graduate Admissions
Florida Institute of Technology
150 West University Boulevard
Melbourne, FL 32901 – 6975
Telephone: (321) 674-8027 Fax: (321) 723-9468

1. Visa Type: _____

2. SEVIS ID# (if available): _____ SEVIS Release Date: _____

3. INS Admission Number: _____ Passport Expiration Date: _____

4. Dates of Enrollment: (from) _____ (to) _____

5. Is the student enrolled in a full course of study? _____

6. Is the student in status with INS? _____

7. Reinstatement Pending: YES NO If yes, date filed: _____

8. Reinstatement Approved: YES NO Date Approved: _____

9. Comments: _____

10. Authorized periods of CPT/OPT: _____

11. Additional Comments: _____

Name & Title of DSO

Signature of DSO

Date

Institution Name

Address

Florida Institute of Technology

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