

Keystone College

TRANSFER ELIGIBILITY STATEMENT

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

Please complete the entire student's portion, sign, and request that the remainder of the Transfer Eligibility Statement be completed by the Foreign Student Advisor at the School you currently attend, or the school most recently attended. Your admission to Keystone College will not be finalized until this form is properly completed and received by the Office of Admissions and/or the Office of International Student Programs.

TO BE COMPLETED BY STUDENT

Family Name _____ First Name _____ MI _____ Date of Birth _____

Country of Birth _____ Country of Citizenship _____

Current Mailing Address: _____

Street Address

Box No.

()

City

State

Zip

Telephone No.

Institution Transferring From _____

Date of Attendance From _____ To _____

Date First Began F-1 Status _____ Graduation Date on Current I-20 _____

Do You Currently Have Dependents On Your I-20? _____ Yes _____ No

If yes, Please Provide The Following:

Full Name of Dependent	Relationship	Date of Birth
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Full Name of Dependent	Relationship	Date of Birth
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I Intend To Transfer To Keystone College For The _____ Semester. I Have

Applied For The _____ Program.

(Name of Program)

Do You Intend To Travel Outside The United States Prior To Starting Classes At Keystone College?

_____ Yes _____ No. If Yes, When? _____

The Admission Number From My I-94 Card Is _____

I Hereby Grant Permission For The Information Requested To Be Made Available To Keystone College.

Student's Signature _____ Date _____

TO BE COMPLETED BY THE FOREIGN STUDENT ADVISOR

1. Student's Current Program Of Study _____
2. Graduation Date On Current I-20 _____
3. Is The Student Currently Attending The School He/She Was Last Authorized By INS To Attend?
____ Yes ____ No

4. Is The Student Currently "In Status" With INS? ____ Yes ____ No

If No, Please Explain: _____

5. Is The Student Eligible To Re-enroll In Your Institution? ____ Yes ____ No

If No, Please Explain _____

6. Has This Student Had Any Disciplinary/Behavioral Problems At Your Institution?

____ Yes ____ No If No, Please Explain _____

7. Has The Student Encountered Any Financial Problems At Your Institution? ____ Yes ____ No

If Yes, Please Explain _____

8. Do You Recommend This Transfer? ____ Yes ____ No If No, Please Explain _____
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I Certify That The Preceding Information Is Correct

Signature _____ Date _____

Print/Type Name DSO _____ Title _____

Institution _____ Telephone No. () _____

Street Address _____

City _____ State _____ Zip _____

Keystone College
Office of Admissions
One College Green
La Plume, PA 18440
(570) 945-5141