



Transfer Eligibility Statement

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

Please complete the entire student’s portion (page 1) and request that page 2 be completed by the Designated School Official **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 International Student Services.

TO BE COMPLETED BY THE STUDENT

Family Name First Name Middle Name

Date of Birth _____ Country of Birth _____ Country of Citizenship _____

Current Mailing Address:

Street Address

City State Zip Code Telephone

I intend to transfer to Keystone College for the _____ semester. I have been accepted into the bachelor/associate degree program, majoring in _____.

Do you intend to travel outside the U.S. prior to starting classes at Keystone College?

_____ Yes _____ No If yes, when? _____

I hereby grant permission for the information requested be made available to Keystone College.

Student’s Signature

Date



TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL

1. Student's date of initial attendance at your institution _____
2. Current Visa Status_____ Is the student in SEVIS? Yes _____ No _____
3. Did the student complete a degree program or program of study? Yes_____ No _____
4. When was the last time the student was registered for a full course of study? _____
5. Did the student maintain his/her non-immigrant status? Yes_____ No_____
6. Would the student be able to continue at your institution? Yes _____ No _____
7. Has the student encountered any disciplinary/behavioral problems at your institution?
 _____ Yes _____ No If yes, please explain _____

8. Has the student experienced any financial problems at your institution? Yes _____ No _____
 If yes, please explain _____
9. Do you recommend this transfer? Yes_____ No _____ If no, please explain _____

I certify that the preceding information is correct.

Print Name of DSO_____

Institution _____

Address _____

Telephone Number _____ Date _____

Please mail, email or fax this form to:

Keystone College School Code: PHI214F00216000
Shirley Michaels
International Student Services
One College Green, La Plume, PA 18440
Telephone: 570-945-8252 Fax: 570-945-8973
e-mail: Shirley.Michaels@keystone.edu