

F-1 TRANSFER ELIGIBILITY FORM

Dear International Student:

The following information is needed to complete your request for an I-20 from New River Community College. The Designated School Official (International Student Advisor) at your current school needs to provide us with information about your ISCIS (US Citizenship and Immigration Service) status. You need to complete Section I of this form and have your Designated School Official complete Section II and send the enclosed form to the following address:

Sheila Hart  
New River Community College  
School Code: WAS214F00678000  
5251 College Drive  
Dublin, VA 24084  
Office: Rooker Hall 135, Admissions Office  
Phone: (540) 674-3603 Toll Free: 1-866-462-6722 ext. 4204  
Fax: (540) 674-3644  
E-mail: [shart@nr.edu](mailto:shart@nr.edu)

Section I: STUDENT must complete this section.

I give permission for the information requested below to be sent to New River Community College:

_____	_____	_____	_____
Last/Family Name	First Name	Middle Name	Citizenship
_____			_____
Signature			Date

SECTION II: DESIGNATED SCHOOL OFFICIAL at present school must complete this section.

1. To the best of your knowledge, has this student remained in status with the USCIS and is eligible to transfer?  
YES \_\_\_ NO \_\_\_
2. Has this student met all financial obligations while attending your institution? YES \_\_\_ NO \_\_\_
3. Was this student enrolled in full-time study last semester? YES \_\_\_ NO \_\_\_
4. Please list the types and duration of any authorized Practical Training:

\_\_\_\_\_

5. SEVIS Release Date: \_\_\_\_\_ SEVIS ID# \_\_\_\_\_

6. Additional Comments/Explanations:

\_\_\_\_\_

\_\_\_\_\_

Name of School Official (please print)

\_\_\_\_\_

Signature of School Official and Date

\_\_\_\_\_

Title of School Official

\_\_\_\_\_

Telephone Number