



INTERNATIONAL STUDENT TRANSFER RECOMMENDATION FORM

To Be Completed by the Student:

Student Name: _____, _____, _____
Last Name First Name Middle Name

Current School ID#: _____

I intend to transfer to Rollins College starting in _____ (semester) _____ (year). I hereby authorize release of the information requested below.

Student Signature / Date

To Be Completed by the Designated School Official (DSO) of Current School:

The student named above has indicated an intention to transfer to Rollins College. Please provide the information requested so that the student's eligibility for an immigration transfer may be determined.

Is/Was this student authorized by USCIS to attend your institution? Yes No

SEVIS ID #: _____ Release Date: _____

Please indicate the dates of attendance at your school (Semester, Year):

From _____, _____ To _____, _____

Was she/he considered to be pursuing a full course of study at your institution? Yes No

Please cite any periods of practical training: Curricular _____ Months Optional _____ Months

In your opinion, is the student eligible for school transfer? Yes No

Comments: _____

Please release the student to Rollins College - MIA214F00225000

DSO Name: _____ DSO Signature: _____

Title: _____ Institution: _____

Address: _____ Date: _____

Tel: _____ Fax: _____ Email: _____

Please return this form with a photocopy of the student's I-20 form(s) to:

Rollins College
Director of International Admission
1000 Holt Avenue - #2720
Winter Park, FL 32789
Tel: (407) 646-2161
Fax: (407) 646-1502