

# MONTGOMERY COLLEGE

## International Student Office

### F-1 Transfer Clearance Form

Dear International Student:

To complete your enrollment at Montgomery College and to process your request for an I-20AB Certificate of Eligibility, the Designated School Official (foreign student advisor) at your *current* school needs to provide us information about your immigration status. You must first fill in Section I of this form. Have your Designated School Official (foreign student advisor) at your current school fill in Section II. Then your SCHOOL must send the completed form to a Montgomery College International Student Coordinator listed in Section III.

#### **[Section I]**—Student must complete this area.

I give permission for the information requested below to be sent to Montgomery College, \_\_\_\_\_.  
(name of campus)

\_\_\_\_\_  
(Last Name/Family Name)                      (First Name)                      (Middle Name)                      (Country of Citizenship)

\_\_\_\_\_  
(Signature)                      (Date)                      (Montgomery College Student ID number – if known)

#### **[Section II]**—Designated School Official (foreign student adviser) completes this area.

1. Is this student eligible for In-status transfer in the SEVIS system?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (please explain in #7)
2. What is this student's LAST DATE OF ENROLLMENT? \_\_\_\_\_
3. Has this student met all financial obligations while attending your institution?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (please explain in #7)
4. Has this student ever been granted approval to enroll less than full-time?  
Yes \_\_\_\_\_ (please explain in #7) No \_\_\_\_\_
5. Authorized Practical Training: Type: \_\_\_\_\_ Education level: \_\_\_\_\_  
Dates: \_\_\_\_\_
6. SEVIS Release Date: \_\_\_\_\_ SEVIS ID# \_\_\_\_\_
7. Additional comments: (if needed you may use the back of this form)

\_\_\_\_\_  
(Signature of Designated School Official)                      (Title)                      (Date)

\_\_\_\_\_  
(Printed or Typed Name of Designated School Official)                      (email address)

\_\_\_\_\_  
(Name and Address of School)                      (Phone Number)

#### **[Section III]**— Your Designated School Official MUST send this completed form to the International Student Coordinator at the campus you applied to.

**GERMANTOWN CAMPUS**  
Applied Sciences Building  
20200 Observation Drive  
Germantown, MD 20876  
FAX: (240) 567-1923

**ROCKVILLE CAMPUS**  
Student Services Room 115  
51 Mannakee Street  
Rockville, MD 20850  
FAX: (240) 567-5037  
Student Services Pavilion

**TAKOMA PARK CAMPUS**  
7600 Takoma Avenue  
Takoma Park, MD 20912  
FAX: (240) 567-1497