



Technology Career Services

INTERNATIONAL

Education for Healthcare and Technology Careers

Transfer Form International Student Office

TO BE COMPLETED BY STUDENT: Please read carefully and sign below. Present this form to your International Student Dean or Advisor at the college you are presently attending or have last attended. *Note: Application can't be processed without this information.*

NAME: _____ DATE OF BIRTH: _____

I-94#: _____ SEVIS ID#: N _____

COUNTRY OF CITIZENSHIP: _____

I intend to transfer to TCS INTERNATIONAL (**NYC214F01954000**) for the _____ semester. I hereby grant permission for the information requested below to be made available to TCS.

STUDENT'S SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY SCHOOL OFFICIAL:

The above-named student intends to transfer to TCS International for the term stated above. Please complete the following information and return it to our organization so that we may establish the student's eligibility. Check if applicable for transfer candidate:

- Student has been authorized by **USCIS** to attend your institution
- Registered in full-time course of study Expected graduation date: ____ / ____ / ____
- Comments:

- Engaged in approved Practical Training employment, having already completed a course of study.
From ____ / ____ / ____ to ____ / ____ / ____
- Did not complete course of study.
Attending dates: From ____ / ____ / ____ to ____ / ____ / ____
 ___ Full-time
 ___ Part-time
 ___ Registered but did not attend

TRANSFER-OUT DATE (MM/DD/YY): ____ / ____ / ____

COMMENTS: _____

Name: _____ Title: _____ Phone: (____) _____

Institution: _____

Address: _____

Signature: _____ Date: _____

Please complete this form and mail or fax it to the International Student Advisor of **TCS International**.