

**International students who have been attending school in the United States are required to submit this form.**

Please complete and sign the student's section of this form. The Transfer Eligibility Statement is to be completed by the Foreign Student Advisor at the school **you are currently attending**. Your admission to Florida Institute of Technology **WILL NOT** be finalized until this form is properly completed and received by FIT Orlando Graduate Admissions.

**TO BE COMPLETED BY THE STUDENT**

Name \_\_\_\_\_ School ID # \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Current Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

List all U.S. institutions attended and dates of attendance

\_\_\_\_\_  
\_\_\_\_\_

I authorize the release of information requested below to Florida Tech.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR**

Please return this form to the address listed below.

1. Visa Type \_\_\_\_\_

2. SEVIS ID# (if available) \_\_\_\_\_ SEVIS Release Date \_\_\_\_\_

3. INS Admission # \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_

4. Florida Institute of Technology School Code MIA214F00181002

5. Dates of Enrollment from \_\_\_\_\_ to \_\_\_\_\_

6. Is the student enrolled in a full course of study?  Yes  No

7. Is the student in status with INS?  Yes  No

8. Reinstatement Pending:  Yes  No If yes, date filed \_\_\_\_\_

9. Reinstatement Approved:  Yes  No Date approved \_\_\_\_\_

10. Comments \_\_\_\_\_

11. Authorized periods of CPT/OPT \_\_\_\_\_

12. Additional comments \_\_\_\_\_

DSO Name \_\_\_\_\_ DSO Title \_\_\_\_\_

DSO Signature \_\_\_\_\_ Date \_\_\_\_\_

Institution Name \_\_\_\_\_ Address \_\_\_\_\_

**FIT Orlando Graduate Admissions**