



NOTRE DAME  
OF MARYLAND  
UNIVERSITY

ENGLISH LANGUAGE INSTITUTE

### TRANSFER ELIGIBILITY FORM

Name \_\_\_\_\_

I give, \_\_\_\_\_ permission to release the information requested below to the Notre Dame of Maryland University (BAL214F00278000).

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

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**To be completed by an International Student Advisor who is a Designated School Official at your school**

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

INS School Code: \_\_\_\_\_ 214F \_\_\_\_\_ Release date indicated in SEVIS (upon admission) \_\_\_\_\_

**PLEASE DO NOT RELEASE SEVIS RECORD PRIOR TO ACCEPTANCE. ONCE WE RECEIVE THIS FORM, WE WILL MAKE AN ADMISSIONS DECISION. IF THE STUDENT IS ADMITTED, WE WILL CONTACT YOU WITH THE ADMISSIONS LETTER. WE ASK THAT YOU DO NOT RELEASE THE RECORD UNTIL AFTER WE ACCEPT THE STUDENT.**

Date of enrollment at your institution: From: \_\_\_\_\_ To: \_\_\_\_\_

Student met all financial & academic requirements: Yes \_\_\_\_\_ No \_\_\_\_\_

Student is currently in legal F-1 status: Yes \_\_\_\_\_ No \_\_\_\_\_

Student is eligible for F-1 transfer: Yes \_\_\_\_\_ No \_\_\_\_\_

If no to any of the above, please explain: \_\_\_\_\_

Did the student enter the U.S. with your I-20? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, did student transfer from another school or request a change of status to F-1? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date & Phone Number

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Email address

Please complete this form and fax or mail to:

English Language Institute  
Notre Dame of Maryland University  
4701 North Charles Street  
Baltimore, MD 21210

Fax Number: 410-532-5794

E-mail: [jhurtado@ndm.edu](mailto:jhurtado@ndm.edu)