



www.mdc.edu

CAMPUS	ADDRESS	TELEPHONE	FAX
HIALEAH	1776 W. 49th St.	305-237-8775	305-237-8861
HOMESTEAD	500 College Terrace	305-237-5194	305-237-5212
INTERAMERICAN	627 S.W. 27th Ave.	305-237-6271	305-237-6157
KENDALL	11011 S.W. 104th St.	305-237-2330	305-237-2586
MEDICAL CENTER	950 N.W. 20th St.	305-237-4141	305-237-4441
NORTH	11380 N.W. 27th Ave.	305-237-1149	305-237-1161
WEST	3800 N.W. 115th Ave.	305-237-8900	305-237-8917
WOLFSON	300 N.E. 2nd Ave.	305-237-3350	305-237-7596

F-1 TRANSFER ELIGIBILITY FORM

TO THE STUDENT: Please complete the student section of this form and request the International Student Advisor at the school you are currently or last attended to complete the rest of the form. **YOU WILL NOT BE ISSUED AN I-20 WITHOUT THIS FORM IN YOUR FILE.**

Name of Applicant _____
LAST FIRST MIDDLE

Present Address _____

Date of Birth _____ Social Security # (if applicable) _____

MDC Student # (if applicable) _____ Phone: _____

I am applying for the _____ term at the _____ Campus, code MIA214F00152

I authorize my present foreign student advisor to provide the information below as part of my application for admission to Miami Dade College.

Signature _____ Date _____

To Be Completed by the Designated School Official

1. What immigration status does this student have? F-1 Other: _____

If F-1, what is the immigration admission number? _____

2. The student has a SEVIS I-20? Yes No SEVIS I.D. #: _____ SEVIS release date: _____

3. Dates of attendance at your institution: from _____ to _____

4. To the best of your knowledge, is this student currently in legal F-1 status? Yes No

If no, explain: _____

5. To the best of your knowledge, is the student eligible to process a transfer notification? Yes No

If no, explain: _____

6. Has this student requested any of the following employment authorizations: Curricular, Optional Practical Training or economic necessity? Yes No

If yes, type of employment: _____

Dates of employment: _____

(If necessary use back of the form to explain any answer)

Signature of School Official & Seal: _____

Name: _____ Phone: _____ Fax: _____

Title: _____ Date: _____

Name and address of institution: _____

E-mail _____