TRANSFER ELIGIBILITY CERTIFICATE

THIS FORM APPLIES TO NON-IMMIGRANT STUDENTS WHO HAVE BEEN ATTENDING SCHOOL IN THE UNITED STATES AND WISH TO TRANSFER TO UMES. THE DESIGNATED SCHOOL OFFICIAL OF THE SCHOOL WHERE YOU ARE CURRENTLY OR LAST ENROLLED MUST COMPLETE PART II OF THIS FORM.

PART I:

TO BE COMPLETED BY THE APPLICANT: _____

UMES STUDENT ID: _____ I GRANT PERMISSION FOR _____

TO SEND UMES THE INFORMATION REQUESTED IN PART II.

_____

SIGNATURE DATE

PART II:

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR:

1. RELEASE DATE INDICATED IN SEVIS_____
2. SEVIS NUMBER _____
3. IS THE STUDENT CURRENTLY IN GOOD STANDING STATUS _____
   IF NO PLEASE EXPLAIN._____
6. PLEASE LIST ALL AUTHORIZED PERIODS OF PRACTICAL TRAINING

FROM:	TO:
_____	_____
_____	_____

7. I CERTIFY THAT ALL INFORMATION IS CORRECT AND COMPLETE.

_____

NAME TITLE DATE

8. PLEASE RETURN THIS FORM TO:

OFFICE OF ADMISSIONS
UNIVERSITY OF MARYLAND EASTERN SHORE
1 COLLEGE BACKBONE RD- SDC, SUITE 1140
PRINCESS ANNE, MARYLAND 21853
SCHOOL CODE: BAL214F00328000
EMAIL: UMESADMISSIONS@UMES.EDU