

College of Southern Maryland International Student Transfer Form

Name of Student: _____
Last (Family)
First
Middle

Semester for which you are applying to CSM _____

I permit the information requested below to be forwarded to the College of Southern Maryland (CSM).

Signature: _____ Date: _____

TO BE COMPLETED BY THE DSO AT THE CURRENT SCHOOL YOU ARE ATTENDING OR LAST ATTENDED

The student named above has applied for admission to the College of Southern Maryland. Your assistance is appreciated in completing the appropriate sections below. Please return this form to:

Office of Admissions
 College of Southern Maryland
 P. O. Box 910
 La Plata, MD 20646-0910

1 The student is in good standing and has been enrolled full-time at your institution? ___ Yes ___ No

If not, please explain: _____

2 What semester did the student last complete at your institution? _____
Semester
Year

3 What program was the student pursuing at your institution? _____

4 The student is out of status and a reinstatement was filed on _____
Please enclose copies of documents filed with United States Citizenship and Immigration Services Office (USCIS)

5 The student is out of status and we advise him/her to apply for reinstatement. _____

6 To the best of your knowledge, has the student met all obligations associated with their F-1 Visa? ___ Yes ___ No

7 Comments _____

Name		Signature		Date	
Title		Institution		Phone	