

# 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  
 CSMinternational@csmd.edu

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	