

**International Student Office**  
**Authorization for Transfer**

Return to: Justin Moore  
Director of Admissions  
Central Baptist College  
1501 College Ave  
Conway, AR 72034  
FAX: 501-329-2941  
Phone: 501-329-6873  
[jmoore@cbc.edu](mailto:jmoore@cbc.edu)

This student has applied to Central Baptist College. We would appreciate your assistance in certifying his/her eligibility to transfer. Please complete the following section and return via e-mail, fax or mail at your earliest convenience.

**Student Name:**

(Please print) **Last** \_\_\_\_\_ **First** \_\_\_\_\_

I-94 Admissions # \_\_\_\_\_ Type Visa \_\_\_\_\_ F-1 \_\_\_\_\_

SEVIS ID # \_\_\_\_\_

Last date of attendance at your institution \_\_\_\_\_

SEVIS transfer out date (or expected date) \_\_\_\_\_

**Check all applicable:**

\_\_\_\_\_ This student has maintained full-time status and is eligible to transfer.

\_\_\_\_\_ This student is out of status and has not filed for reinstatement.

\_\_\_\_\_ Other (please clarify in comments section)

Comments \_\_\_\_\_

\_\_\_\_\_

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ SEVIS ID # \_\_\_\_\_

Phone number \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

**Name of School Official** \_\_\_\_\_ **Title** \_\_\_\_\_

**Signature of School Official** \_\_\_\_\_ **Date** \_\_\_\_\_