



101 College Heights  
Cisco, Texas 76437

**ADVISOR'S REPORT**

**CONTACT:** International Admissions

**PHONE:** (254) 442-5131

**FAX:** (254) 442-1449/Attention: International Admissions

**EMAIL:** international.admissions@cisco.edu

**This form must be completed for any F-1 student applying to transfer to Cisco from another U.S. institution, or F-1 students planning to take courses concurrently at Cisco while continuing to study at another institution.**

**Student Information:**  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Social Security Number (if available): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Admission Number: \_\_\_\_\_ SEVIS ID# \_\_\_\_\_  
 (Admission # is found on I-94 card) (SEVIS ID# is found above the barcode on I-20)

**I give permission to my present school to release the information requested on this form.**  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the International Advisor:**

Please complete this form and return to our office via mail or fax. See contact information above.

**TRANSFER**

*If student is planning to transfer to Cisco, please mark any and all of the following statements that are true about this student:*

- Student is currently attending the school that he/she was last authorized by USCIS to attend.
- Student is currently enrolled in a full-time program, is in good standing and is eligible to transfer.
- Student is out of status **and will need to file for reinstatement.**
- Student is on academic probation.
- Student is on academic suspension, but has **not** been put out of status yet.
- Student is on OPT or CPT. End date: \_\_\_\_\_
- Student has had financial problems with our institution.

**CONCURRENT**

If student will enroll **concurrently**, please specify the **semester and year** he/she has Permission to take classes at Cisco. We require new *authorization* for each semester.

- Fall  Summer I
- Spring  Summer II
- Maymester  Wintermester

**Year: 20** \_\_\_\_\_

**I certify that the statements I have marked are true regarding this student.**

- I recommend** this student for transfer and will release his/her SEVIS record upon proof of acceptance at Cisco.
- Student has permission to enroll **concurrently** at Cisco as stated above.
- This student is **not** eligible to transfer at this time.

DSO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title of DSO: \_\_\_\_\_

Institution Name & Address: \_\_\_\_\_