**ADVISOR'S REPORT**

101 College Heights
Cisco, Texas 76437

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

DSO Signature:_____Date:_____

Name & Title of DSO:_____

Institution Name & Address:_____