

Ocean County College  
Admissions Office  
Toms River, NJ 08754  
**Notice of Intention to Transfer**

All students applying to Ocean County College must have this form completed by the Designated School Official of the school they are currently attending/or most recently attended prior to receiving 120.

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Student Name \_\_\_\_\_  
Last (family) First Middle

Current Address \_\_\_\_\_  
Street Apt. No. City State Zip Code

I grant permission for the information below to be forwarded to Ocean County College.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**DSO/INTERNATIONAL STUDENT ADVISOR**

The student named above is applying to Ocean County College. Please complete bottom portion and email or fax this form to [internationalstudents@ocean.edu](mailto:internationalstudents@ocean.edu) or 732-255-0526 (fax), Attention: Admissions

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1. Is this student eligible to continue at your institution? (If not, please explain.) \_\_\_\_\_  
\_\_\_\_\_
  2. Did the student maintain full-time status? \_\_\_\_\_
  3. Is the student in good standing with USCIS? \_\_\_\_\_
  4. Duration of degree program noted on original I-20 \_\_\_\_\_
  5. Has the student met all financial obligations? \_\_\_\_\_
  6. Please list any periods of practical training \_\_\_\_\_
  7. SEVIS release date \_\_\_\_\_
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DSO/Advisor Name \_\_\_\_\_ Title: \_\_\_\_\_

Institution and Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_