



**Part 1: To be completed by the applicant**

Please complete Part 1 of this form and give it to your current International Student Advisor to complete Part 2.

I authorize my present International Student Advisor to provide the information below.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name (last): \_\_\_\_\_ (first): \_\_\_\_\_

**Part 2: To be completed by the International Student Advisor**

The above named student has applied to The Calverton School.  
Please answer the following questions below and return this form to:

Director of Admissions  
The Calverton School  
300 Calverton School Road  
Huntingtown, MD 20639

Phone: 410.535.0216 ext. 108  
Fax: 410.535.6169

Student SEVIS ID #: \_\_\_\_\_

- 1. The student pursued a full course of study the last semester at our institution: Yes No
- 2. What were the student's dates of attendance? \_\_\_\_\_
- 3. The student is eligible to transfer to The Calverton School: Yes No

**RTI Release Date:** \_\_\_\_\_

**I certify that the preceding is correct.**

Signature of School Official: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_