International Student Transfer Form

(This form must be completed by applicants currently in the U.S. on an F-1 Student Visa. Return to International [P]DSO after appropriate approval.)

**Part I: To be completed by the student**

Part I of this form authorizes the release of information about your attendance and status at your previous school. Your transfer will **not** be processed unless you sign this form and give it to the International Student Advisor at the school you were approved to attend shown on your current Form I-20.

Name (clearly printed) __________________________________________ Date __/__/_______
Signature __________________________________________ Citizenship ______________
Country/date of birth _______________________________ Visa type ______________

**Part II: To be completed by International Student Advisor**

According to SEVIS regulations regarding school transfer, the new school is responsible for ascertaining that the student has been enrolled in a full course of study at the previous school. Please assist us in this responsibility by completing the following form and returning it to Muskegon Community College.

Please verify if the student has been approved for less than a full course of study for one of the reasons accepted by SEVIS (INS). If the student has otherwise not engaged in a full course of study, please advise her/him that an application for reinstatement of student status will be necessary.

1. When did the student first enroll in your school? __________________________
   a. SEVIS Number ______________________

2. Has she/he enrolled full time for each subsequent term? Yes ___ No ___
   a. If no, please explain in Remarks. (You may also use back of this form if additional space is needed.) __________________________

3. Is she/he currently enrolled full time? Yes ___ No ___ If no, date of last attendance__________

4. Immigration INS Admission Number (F-1 Visa) __________________________

5. Original estimated date of completion (shown on Form I-20) __________

6. Is there any reason why you would not recommend this student’s transfer? Yes ___ No ___
   a. If Yes, please explain: __________________________

7. Date to transfer SEVIS file__________

8. COMMENTS:______________________________________________________________________

__________________________________________________________________________________

Institution __________________________________________ Telep____________________
Address___________________________________ City/State _________________________
Signature/Title ______________________________________________________________________