

INTERNATIONAL ADMISSIONS

1540 Northway Dr, St Cloud MN 56303 • internationaladmissions@sctcc.edu • +1 (800) 222-1009

International Transfer Student

This form must be included in your application if you are an F1 student transferring from a U.S. high school, college, or university to St. Cloud Technical & Community College. There are two sections on this form, one to be completed by you, and the other to be completed with a Designated School Official at your current/former institution. This form is for verification purposes only and does not complete the SEVIS record/I-20 transfer.

The student or Designated School Official (DSO) may email this form to internationaladmissions@sctcc.edu.

SCTCC SEVIS School Code: SPM214F00385000

PART 1: STUDENT INFORMATION

Student Name (*Last, First, Middle Name*)

(*Surname, Given Name 1, Given Name 2*)

Student ID Number at current/former school

Date of Birth (MM/DD/YYYY)

Admission Number from I-94

Current SEVIS ID (from I-20)

I declare that the information provided on this form is true, correct, and complete. SCTCC has my permission to verify information by obtaining documents as needed. I grant permission to my current/former school to provide St. Cloud Technical & Community College the information necessary to verify my visa status. I understand that before SCTCC can issue an I-20, I must follow the process of my current/former school and request that my I-20 be transferred out.

Signature

Date

Please include the following with this form:

Copy of Current U.S. visa

Copy of I-94

Copy of Current I-20

PART 2: SCHOOL INFORMATION - TO BE COMPLETED BY THE INTERNATIONAL OFFICER OR DSO

Institution Name

Check all that apply:

Student was registered for a full course of classes the preceding quarter or semester.

Student was authorized for post-completion practical training and is eligible for a transfer as per above.

Student was **NOT** registered for a full course of study during the preceding quarter or semester. SCTCC may advise the student to apply for reinstatement with the Bureau of Citizenship and Naturalization (BCIS).

Program and Degree Pursuit _____

Student Start Date at your Institution _____

Degree Completed? Yes No

If yes, date completed _____

Advisor Name _____

Title _____

Institution Address _____

Email _____

Phone _____

Signature

Date