



CLOUD COUNTY Community College

International Student Transfer Eligibility Form

U.S. Citizenship and Immigration Services requires that an International student's eligibility to transfer to another institution in the United States be confirmed prior to the issuance of new immigration documents. Section A should be completed by the student; Section B should be completed by the Designated School Official (DSO) at the current institution. Please note: F-1 I-20 cannot be created until the current institution releases the SEVIS record to Cloud County Community College.

SECTION A: TO BE COMPLETED BY THE STUDENT:

Name: _____
Family Name First Name Middle Name

Semester and Year of Intended Enrollment at CCCC: _____

Current Visa Type _____ F-1 _____ J-1 Visa Expiration Date _____

Do You Plan to Travel Outside of the U.S. Before Beginning Studies at CCCC? _____ Yes _____ No

Current U.S. Address: _____
Street Apartment #
_____ City State Zip Code

Permanent Non-U.S. Address: _____
Street Apartment #
_____ City Territory/Province Country Postal Code

I hereby authorize my current institution's International Student Advisor or responsible office to provide the information requested below by Cloud County Community College.

Student Signature _____ Date _____

SECTION B: TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL:

The prospective international student listed above has met the minimum requirements to be admitted to Cloud County Community College. Please complete the form and mail, email or fax to Britni Tremblay, PDSO, Cloud County Community College, 2221 Campus Drive, Concordia, KS 66901, btremblay@cloud.edu, (fax) 785-243-9380. Also, please transfer the SEVIS records to Cloud County Community College the SEVIS School Code is: KAN214F00113000.

The Student is (Please check all that apply):

- _____ in good standing and currently enrolled in a full course of study.
- _____ Out-of-status, and a reinstatement to F-1 status application was filed on _____ and is pending.
- _____ Out-of-status, but no application for reinstatement has been filed.
- _____ Engaged in an authorized period of CPT or OPT: ___ CPT ___ OPT ___ Full-Time ___ Part-Time

SEVIS ID: _____ SEVIS Record Release Date: _____

Last Semester Attended: _____ Additional Comments: _____

DSO Name (please print): _____ Institution: _____

Title: _____ Telephone: _____

Email: _____ Fax: _____

Institution Address: _____

DSO Signature: _____ Date _____