ST. CLAIR COUNTY COMMUNITY COLLEGE

International Student Transfer Form

Must be completed by students currently attending another college/university in the U.S.

Please complete this form and include it with the International Student Application for Admission

If necessary, photocopy this form to fax or mail to St. Clair County Community College when complete.

To the international student:

Complete **Part 1** of this form, then have the international student advisor at your current school complete **Part 2.**

To the international student advisor:

The student named below has applied for admission to St. Clair County Community College.
Your assistance is appreciated in completing **Part 2** below and returning this form by fax to **(810) 989-5541** or mail to **International Students Specialist, St. Clair County Community College, 323 Erie St., P.O. Box 5015, Port Huron, MI 48061-5015.**

PART 1: TO BE COMPLETED BY THE STUDENT

Name_____
                                        (Family name)   (Given name)   (Middle initial)

Date of birth _____/_____/_____   **Email address**_____ **Phone (_____)** _____
                    (Month/Day/Year)

Year/semester you will begin studies at St. Clair County Community College   20____   ☐ Fall   ☐ Winter   ☐ Summer

I permit the information below to be forwarded to St. Clair County Community College.

_____ _____
                                        Signature of student   **Date** (Month/Day/Year)

PART 2: TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR

SEVIS Release Date _____/_____/_____   **SEVIS ID Number** _____
                    (Month/Day/Year)

1. If this student is not yet SEVIS active, will you be SEVIS-activating him/her prior to transferring the record?   ☐ Yes   ☐ No

2. What is the student's nonimmigrant status?   ☐ F-1   ☐ J-1   ☐ M-1

3. To the best of your knowledge, is this student in good standing based on USCIS regulations: ☐ Yes   ☐ No

4. If the student is not in good standing, has your office filed a reinstatement application?   ☐ Yes   ☐ No

5. What semester/quarter did/will the student last complete at your institution?   _____   Year _____

6. If your institution is a PUBLIC SECONDARY SCHOOL (High School):

   Date student first enrolled at your institution (Month/Day/Year) _____

7. Please indicate any practical training dates granted to this student_____

   _____

8. Comments _____

   _____

Name_____   **Title** _____

Institution _____   **Phone (_____)** _____

_____   _____
                    Signature of international student advisor   Date (Month/Day/Year)

SC4 SEVIS School Code: DET 214 F00 352 000