



TRANSFER STUDENT INFORMATION FORM

Name (family name, given name) \_\_\_\_\_ Signature \_\_\_\_\_

Email address \_\_\_\_\_

Telephone \_\_\_\_\_

US Address \_\_\_\_\_

TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL

1. Has the student encountered any serious problems in the following areas since you have known her/him?

Academic \_\_\_\_\_ Financial \_\_\_\_\_ Social or Emotional \_\_\_\_\_

Please explain as appropriate: \_\_\_\_\_

2. Current Immigration Status

I-20 or  DS-2019 (formerly IAP-66) Completion Date on Document \_\_\_\_\_ I-94 Expiration Date \_\_\_\_\_

SEVIS I.D. # \_\_\_\_\_ Exchange-Visitor Program # \_\_\_\_\_ Category \_\_\_\_\_

The student is in good standing and is/has been pursuing a full course of study (or has already been reinstated to status by INS).

The student is out of status and a reinstatement to student status was filed on \_\_\_\_\_ at INS (District: \_\_\_\_\_) and is pending. (Please enclose copies of documents filed with INS.)

The student is out of status, and we will advise him/her to apply for reinstatement upon receipt of a Certificate of Eligibility from Skagit Valley College.

Other: \_\_\_\_\_

1. Please advise on the transfer out date for the student on the SEVIS system: \_\_\_\_\_

2. Please indicate the dates of any practical training (curricular, optional, academic) in which the student has participated:

Curricular \_\_\_\_\_ Optional \_\_\_\_\_ J-1 Academic \_\_\_\_\_

Name/Title of DSO: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Date: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

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