

INTERNATIONAL STUDENT TRANSFER FORM

TO: International Student

Please complete Section 1 of this form, then have the International Student Advisor/Designated School Official (DSO) at your current school complete Section 2.

TO: International Student/Advisor

The student named has applied for admission at Central Community College. Your assistance is appreciated in completing Section 2 and returning this form by fax or mail to the address/fax number listed at your earliest convenience.

SECTION 1: TO BE COMPLETED BY THE STUDENT

Last (Family) Name: _____ First Name: _____ Middle Name: _____

Date of Birth (month/day/year): _____ Email: _____ Phone: _____

Semester/Year you will begin study: Fall _____ Spring _____ Summer (May) _____ Summer (June) _____ Year _____

I permit the information requested below to be forwarded to: **CENTRAL COMMUNITY COLLEGE-Grand Island Campus**

School Code: **OMA214F00891000**

Student's Signature: _____ Date (month/day/year) _____

SECTION 2: TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR/DSO

SEVIS Release Date (month/day/year): _____ SEVIS ID Number: _____

1. If this student is not yet SEVIS active, will you be SEVIS-activating him/her prior to the end of their studies at your institution?
Yes ___ No ___
2. What is the student's nonimmigrant status? F-1 ___ J-1 ___
3. To the best of your knowledge, is this student in good standing based on BCIS (Formerly INS) 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):
 - a. Date student first enrolled at your institution (month/day/year) _____
 - b. Date student last re-entered the U.S. from travel abroad (month/day/year) _____
7. Please indicate any Practical or Academic Training dates granted to this student: _____

8. Comments: _____

Name _____ Signature _____ Date _____

Title _____ Institution _____ Phone _____

RETURN BY MAIL OR EMAIL TO: Central Community College, Admissions Department, PO Box 4903, Grand Island, NE 68802-4903 or erinlesiak@cccneb.edu