



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: _____

**Mail to: Christa Schulz, Interim Director, International Programs
Or fax: 360-416-7868**