

**TRANSFER STUDENT INFORMATION FORM**

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

Signature \_\_\_\_\_

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

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

**TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL**

1. 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 them to apply for reinstatement upon receipt of a Certificate of Eligibility from Skagit Valley College.

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

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

b. Please indicate the dates of any practical training in which the student has participated:

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

2. Program Information

a. Program of Study \_\_\_\_\_

b. Quarter Start: Summer\_\_ Fall\_\_ Winter\_\_ Spring\_\_ Transfer with dependents: Yes\_\_ No\_\_

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

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

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

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

Email to: [international.admissions@skagit.edu](mailto:international.admissions@skagit.edu)