

International Student Transfer Form (Transfer Students Only)

To the International Student:

Please complete Part 1 of this form and 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 Macomb Community College. Your assistance is appreciated in completing Part 2 below and returning this form by fax to (586) 445-7140, or mail to International Student Representative, Enrollment Dept. Macomb Community College, 14500 E 12 Mile Road, Warren, MI 48088 USA

Part 1: To be completed by the student

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

Country of Birth _____ Country of Citizenship _____ Degree Program _____

Date of Birth (00/00/00) ____/____/____ E-mail Address _____ Phone (____) _____

Year/Semester you will begin study at Macomb Community College 2000 ____ Fall ____ Winter ____ Summer ____

I permit the information requested below to be forwarded to Macomb 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 _____

1. Initial date of enrollment at your institution ____/____/____

2. What is the student's nonimmigrant status? ____ F-1

3. To the best of your knowledge, is this student in good standing based on BCIS regulations? ____ Yes ____ No

4. If the student is not in good standing, has your office filed a reinstatement? ____ 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 ____/____/____

7. Please indicate any practical or academic training dates granted to this student _____

8. Comments: _____

Name _____ Title _____

Institution _____ Phone (____) _____

Signature of International Student Advisor Date (Month/Day/Year)

MCC SEVIS School Code: DET214F00557000

Enrollment Office, G-301
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