

## F1 International Student Transfer Form

(Students transferring to Macomb)

**International Student:**

Please complete Part 1 of this form and have the International Student Advisor at your current school complete Part 2

**International Student Advisor/DSO:**

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 586.455.7140 or email to [f1student@macomb.edu](mailto:f1student@macomb.edu).

**Part 1: To be completed by the student**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Degree Program \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Year/Semester you will begin study at Macomb Community College 20\_\_\_\_ Fall\_\_ Winter\_\_ Summer\_\_

I permit the information requested below to be forwarded to Macomb Community College.

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part 2: To be completed by DSO/International Student Advisor**

SEVIS Release Date \_\_\_\_\_ SEVIS ID Number \_\_\_\_\_

Date of Last Attendance \_\_\_\_\_ Did the student complete a program on the last date of attendance? Y\_\_ N\_\_

Student status: Active\_\_ Terminated\_\_ Reason for termination \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student ever applied for reinstatement at your school? Y\_\_ N\_\_

Does the student wish to apply for reinstatement at Macomb Community College? Y\_\_ N\_\_

Please indicate any Practical Training dates granted to this student \_\_\_\_\_

Comments \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Institution \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

MCC SEVIS School Code: DET214F00557000