

## F-1 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 586.445.7140 or email to [f1student@macomb.edu](mailto:f1student@macomb.edu).

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

LAST NAME	FIRST	MIDDLE
COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	DEGREE PROGRAM
DATE OF BIRTH (MMDDYYYY)	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 (MMDDYYYY)
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#### 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? Yes  No

Student status: Active  Terminated

Reason for termination \_\_\_\_\_

Has the student ever applied for reinstatement at your school? Yes  No

Does the student wish to apply for reinstatement at Macomb Community College? Yes  No

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

Comments :

NAME	TITLE
INSTITUTION	PHONE/AREA CODE
SIGNATURE	DATE

MCC SEVIS School Code: DET214F00557000

Office of International Student Services, South Campus, G Building, Room 224  
Macomb Community College, 14500 E 12 Mile Rd Warren MI 48088-3896  
Phone: 586.445.7999 Fax: 586.445.7140 email: [f1student@macomb.edu](mailto:f1student@macomb.edu)