SEATTLE CENTRAL

International Education Programs
Seattle Central Community College

TRANSFER IN STATUS VERIFICATION

The Bureau of Citizenship and Immigration Services (BCIS) requires that you show proof that you maintained your F-1 status at your previous school as part of completing your transfer to Seattle Central. Please complete the top part, and ask your international student advisor to fill out the bottom part of the form and send it to our office at the end of your final term at your previous school.

PLEASE PRINT OR TYPE

First quarter you plan to attend Seattle Central Community College (check one and enter year):

O Fall 20…… **O** Winter 20…… **O** Spring 20…… **O** Summer 20……

Student Section

……
Family Name First Name Middle Name

……
Gender (male/female) Birth date (month/day/year) Country of Citizenship

I authorize the individual completing this form to release the following information for the purpose of verifying my eligibility to transfer.

…… ……
Student signature Date

Advisor Section (to be completed only by a Designated School Official authorized to deal with immigration matters)

Has this student been entered in SEVIS? **O Yes** **O No**

If yes, SEVIS # N……..…… **Admission Number** ……..

Did this student pursue a full course load and maintain his/her non-immigrant status? O Yes O No

If yes: date of attendance: _____/_____/ _____ - _____/_____/_____

If no, please explain:

……

……

Has the student had any periods of authorized vacation? O Yes O No

If yes, last vacation period ____/_____/_____ to _____/_____/_____

Has the student met all financial obligation to your institution? O Yes O No

Any authorized periods of practical training? O Yes O No

If yes, please circle and specify periods of practical training authorized:

CPT *full time / part time*: _____/_____/_____ - _____/_____/_____

OPT *full time / part time*: _____/_____/_____ - _____/_____/_____

By what date do you estimate that you will be able to release the student's record to SCCC? _____

……
Name of School (AS LISTED IN SEVIS) City, State

……
Name and Title of School Official Telephone

……
Signature E-mail address Date

Please mail to IEP/ Seattle Central Community College/, 1701 Broadway, SA 102, Seattle, WA 98122, or fax to (206) 587-3868.

When ready, please release this student's record to: SEATTLE COMMUNITY COLLEGE DISTRICT- SEATTLE CENTRAL.