International Student Transfer Eligibility Form

Complete this form only if you are transferring from a U.S. College or university

TO BE COMPLETED BY THE STUDENT:

Name ____________________________________________

FAMILY FIRST MIDDLE

Address ____________________________________________

Phone number __________________ Last quarter attended __________________

I grant permission for the information requested below to be forwarded to South Puget Sound Community College.

Signature __________________________ Date ______________

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL:

1. The above-named student:

☐ Is enrolled full-time at your school. Session __________ 20________
☐ Is enrolled less than full-time because:

2. To the best of my knowledge, the above-named student is:

☐ In-status with respect to immigration regulations
☐ Out of status because:

3. Has the above-named student met all financial obligations to your school?

☐ Yes
☐ No, because:

4. Student’s SEVIS number ______________________________

5. Release date from your school ____________________________

Name of school _________________________________________

Address ______________________________________________

Signature________________________ Date ________________

Name and Title _________________________________________

Phone number ________________________________

Please answer all questions and return to:

International Student Services
South Puget Sound Community College 2011
Mottman Road S.W. Olympia, WA 98512-6292 Tel: (360) 596-5396 Fax: (360) 596-5798
E-mail: International@spscc.edu

If you have any questions, please contact us at any time.

Thank you very much.