



International Student Transfer-In Form

(To be completed by F-1 students who have been studying in the US prior to coming to JC)

To the student: When you have decided absolutely to transfer to Jackson College, please complete the top portion of this form and give the form to your current Designated School Official/International Student Advisor at the school you are transferring from.

Family Name: _____ Given Name: _____

Semester/Year of intended enrollment at Jackson College: _____

Current Visa type: _____ I-94#: _____

SEVIS ID#: _____ Any Dependents in the US? Yes No

Current email: _____ Current Phone Number: _____

Your signature authorizes your current school's DSO to provide the requested information to Jackson College.

Student Signature: _____ Date: _____

To the Designated School Official of the Transfer-Out school: The above-named student has been admitted to Jackson College. To facilitate the transfer process, please provide the following information about the student's status in SEVIS. Please include a copy of the most recent I-20.

OUR SEVIS NAME: JACKSON COMMUNITY COLLEGE
SCHOOL CODE: DET214F00332000

1. Is the above information completed by the student correct? Yes No
2. To the best of your knowledge, is the student currently maintaining legal status? Yes No
3. What will be the student's SEVIS transfer release date? _____
4. Please list any approved periods of CPT or OPT used:
5. Please indicate the student's dates of attendance at your institution (month/year to month/year):

Name and title of official completing this form *EMAIL* *TELEPHONE*

Name and address of institution

Signature *Date*

Please return this document by mail or email to : Jackson College Admissions Office Attention: International 2111 Emmons Road Jackson, MI 49201 *Email:International@jccmi.edu*