

OFFICE USE ONLY

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F-1

Tompkins Cortland Community College
Global Initiatives Office, Room 230

F-1 TRANSFER-IN INFORMATION FORM

INSTRUCTIONS: Please complete Part I and then submit to your international student advisor or designated school official at your current school for completion of Part II on the reverse side of this form.

PART I: To be completed by student:

I, _____,
Print Name: Last (Family) , First, Middle

Today's date: _____ SEVIS ID #: N000 _____

Country of citizenship (and Permanent Residence):

Semester you intend to transfer to Tompkins Cortland Community College: _____

Have you been accepted to TC3 yet? Yes No

If not, when did you apply? _____

What "release date" have you and your current school agreed upon for your SEVIS record to be transferred to TC3? Release date: _____

Do you intend to travel *outside* the U.S. before beginning your studies at TC3?

No

Yes Dates: From _____ to _____

If you answered yes above, will you need to apply for a renewal of you F-1 travel visa to return to U.S.?

Yes No

(Over, Part II)

PART II: To be completed by the international student advisor or designated school official ONLY.

DESIGNATED SCHOOL OFFICIAL: Please complete and return to us with photocopies of student's passport ID page, travel visa, Form I-20 by mail or scanned and sent electronically. *For your information, Tompkins Cortland Community College's School Code BUF214F00491000.*

School name: _____

Address: _____

Program of study: _____ Major: _____

Did the student maintain F-1 student status? Yes No

If not, why? _____

Did the student complete the program the I-20 was issued for?

No Yes When? _____

If the student did not complete the program of study, please indicate the following:

1. Authorized Reduced Course Loads: Type (Medical/Academic) and date's _____
2. Authorized practical Training : Type (OPT/CPT) and dates: _____

Dates of attendance: From _____ to _____

What "release date" have you and the student agreed upon for the SEVIS record to be transferred to TC3?
Release date: _____ *(Please note that the release date should be at the end of your current academic term or later.)*

Name of International Student Advisor: _____
Please print

Telephone: _____ E-mail: _____

Signature of International Student Advisor/P/DSO _____

Please return this form to:

Melinda Slawson, PDSO

Global Initiatives Office, TC3

170 North St./Box 139

Dryden, NY 13053

Phone: (607) 844-8222, ext 4383 Fax: (607) 844-6543 E-Mail: mas@tc3.edu