

F-1 Student Transfer Recommendation Form

US Citizenship and Immigration Services requires that an international student's eligibility to transfer to another institution in the United States be confirmed prior to the issuance of new immigration documents. Section 1 should be completed by the student who is transferring to Shelton State Community College. Section 2 should be completed by the International Advisor at the current institution. Please note, your SEVIS I-20 cannot be released to Shelton State until after the last day of studies at your current institution is complete.

Section 1: To Be Completed By Student					
Family/Last Name (Surname)		First Name		Middle Name (If Any)	
Date of Birth (MM-DD-YYYY)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Telephone	
Email		Current Visa Status		I intend to transfer to Shelton State in the: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____	
By signing below, I authorize my current school to provide Shelton State Community College with the information requested below.					
Student Signature: _____				Date: _____	
Section 2: To Be Completed By Student's <u>Current</u> College P/DSO (International Advisor)					
The above named students intends to transfer to Shelton State Community College for the academic term indicated above. Please answer all questions based on the term immediately preceding the anticipated transfer term.					
Please Check One:					
<input type="checkbox"/> The above-named student is in good standing.					
<input type="checkbox"/> The above-named student is out of status. Please explain: _____					

Has the above-named student been involved in any disciplinary action?					
<input type="checkbox"/> No <input type="checkbox"/> Yes – Explain: _____					
Is the above-named student on OPT or CPT work authorization?					
<input type="checkbox"/> No <input type="checkbox"/> Yes – From: ____/____/____ To: ____/____/____					
SEVIS ID #: N _____ SEVIS School Code: _____ SEVIS Record Release Date: ____/____/____					
What is the student's last date of academic activity at your institution? ____/____/____					
Are you releasing this students SEVIS record in Active Status? <input type="checkbox"/> Yes <input type="checkbox"/> No – Explain: _____					

Note: Shelton State Community College does not accept Terminated or Completed SEVIS records for a Request for Reinstatement with U.S. Citizenship and Immigration Services (USCIS).					

Today's Date: ____/____/____

Institution: _____

P/DSO Signature: _____

Printed Name: _____

Title: _____

Email: _____

Telephone: _____

Please return this form and a copy of the student's SEVIS I-20 record to:

Shelton State Community College
 International Student Services
 9500 Old Greensboro Road, Box 191
 Tuscaloosa, AL 35405
 Phone: 205.391.2375 / Fax: 205.391.5818
School Code: ATL214F00568000
internationalstudents@sheltonstate.edu

Note: Scanned/emailed or faxed copies are preferred.