F-1 Transfer Information Form

This form is required for transfer students applying to PCC who: 1. have an F-1 student visa, and 2. have an active SEVIS record.

INSTRUCTIONS: Please complete PART I and then give this form to an International Student Advisor at your current school. The completed form can be emailed to our office: international@pcc.edu. Or you can send it by fax.

PART I - To Be Completed By Student

LAST NAME: ___________________________________________  FIRST NAME: ___________________________________________

DATE OF BIRTH _______/_____/______  PHONE: (______) ___ ___ - ___ ___  E-MAIL: ___________________________________________

I authorize a school official at my current school to provide Portland Community College with the information requested below.

Signature ___________________________________________  Date _______________________

PART II - To Be Completed By International Student Advisor/ Designated School Official

NOTE: This form is required as part of the application process to verify student’s F-1 immigration status. This form is only for information purposes. We are not requesting that the SEVIS record be transferred at this time.

Student’s SEVIS ID Number: ___________________________  Dates of Attendance: _____/_____/_____ to _____/_____/_____

Is the student’s SEVIS record currently active:  ____Yes  ____No

Is the student in status with respect to F-1 immigration regulations?  ____Yes  ____No

If no, please explain circumstances: _____________________________________________________________

_____________________________________________________________________________________________

Has this student been approved for part-time enrollment in the past?  ____Yes  ____No

If yes, please list approval reasons:

□ Academic (Term/Dates) _____________________________

□ Medical (Term/Dates) _____________________________

□ Other _____________________________

Last authorized vacation term _____/_____/_____ to _____/_____/_____

Has this student ever been granted practical training?  ____Yes  ____No

If yes, please indicate type and dates: _____________________________________________________________

_____________________________________________________________________________________________

If admitted to PCC, what will be the SEVIS release date? _____________________________

*Please do not transfer a student that has been terminated or completed in SEVIS.

SEVIS School Code: Portland Community College Rock Creek - POO 214F00164000

Name of institution: _____________________________________________________________________________

Address of institution: _________________________________________________________________________

Name and Title: ______________________________________________________________________________

Phone: ___________________________  Email: ___________________________  Fax: ___________________________

School Official Signature ___________________________________________  Date _________________________