SEVIS I-20 TRANSFER FORM

ONLY students who have been attending college in the United States are required to submit this form. Please complete the top half and bring it to the international student advisor at the school you currently attend or most recently attended. Your I-20 cannot be issued until this form is received.

TO BE COMPLETED BY THE STUDENT:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
</tbody>
</table>

Local Address

| No. & Street | City/Town | ZIP Code |

Home Country (foreign) Address

<table>
<thead>
<tr>
<th>Country</th>
<th>Province</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal ZIP code</td>
<td></td>
</tr>
</tbody>
</table>

Admissions number (from your I-94 card): ____________________________

I intend to transfer to Capital Community College for the __________________________ semester.

I hereby grant permission for the information requested below to be made available to Capital Community College.

Student’s signature ____________________________ Date: ____________

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL:

The student named above intends to transfer to Capital Community College for the semester stated above. Please answer ALL questions based on the term immediately preceding the transfer.

- The student was issued a SEVIS I-20 Form. We will change his/her SEVIS record to reflect “transfer-out” to CCC.

The “release date” will be: ____________________________ SEVIS # ____________________________

Was the student considered to be pursuing a full course of study? ____________________________

Is the student currently authorized to attend your institution by USCIS? ____________________________

What is the student’s I-20 completion date? ____________________________

Student’s last date of attendance: ____________________________

Did the student transfer to your institution? Yes No (If Yes, from what institution?) ____________________________

Has the student met all financial obligations? ____________________________

Please cite any periods of practical training? If yes, please list the types and dates ____________________________

Completed by: ____________________________ Date: ____________

(DSO Signature)

DSO Name and Title: ____________________________ Institution: ____________________________

PLEASE FAX THIS FORM BACK TO: Attn: Marsha Ball-Davis, Admissions Office, FAX#: (860) 906-5119

Phone # (860) 906-5127 or (860) 906-5140

Please note: The SEVIS ID for Capital Community College is BOS214F10369000

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