Transfer Eligibility Form Updated on: 11/22/2013



International Student Services (ISS) Edmonds Community College 20000 68th Ave. W. Lynnwood, WA 98036 Tel: (425) 640-1518, Fax: (425) 774-0455 E-mail: issadmissions@edcc.edu Web: http://www.edcc.edu/international/

This form is NOT an acceptance letter and does not ask for the release of your SEVIS record to EdCC. Your SEVIS record will only be released to EdCC after you are accepted by us.

Section A: To be completed by STUDENT (Please Print or Type)

Last/Family Name:	First & M	/liddle Name:	
Email:	Tel:		DOB://
Do you plan to travel outside the U.S. before atten	nding EdCC?	Yes 🗌	Month Day Year
(If yes, you may need an EdCC I-20 to re-enter the U.S.)	Travel Date: Fi	rom: <u>////</u> Month Day Yea	To:/_/ Month Day Year
Current School ID #:	Signature:		Date:
I authorize my current U.S. school to release ir	nformation about r	ny school transfer.	
Section B: To be completed by A	DVISOR		
SEVIS ID #:N Attend	dance Date: From: _.	Month Day / Year	To:
Is the student currently enrolled?		Yes 🗌	No 🗌
Has the student fulfilled financial obligation to your	r school?	Yes 🗌	No 🗌
Is the student in status to your knowledge?		Yes 🗌	No 🗌
Comments:			
Periods of authorized employment: OPT: From Most recent periods of authorized reduced course			
SEVIS record will be released upon receiving a	an acceptance lette	r from EdCC.	
Estimated SEVIS release date upon acceptance	ce: // Month Day	/ EdCC SEV	IS Code: SEA214F00298000
Name (please print):		Signature and Date: _	
E-mail:		Phone Number:	
School Name and Address:			