

SEVIS Transfer-In Form

To be completed by the student:

Name: _____
Last/Family First Middle

Email: _____ Phone: _____

Last term attended: _____

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

Do you plan to travel outside the US before beginning your studies at Cascadia? Yes No

Signature _____ Date _____

To be completed by a Designated School Official (DSO) at your current school (high school, language institute, college or university)

A. The above-named student:

is F-1 J-1

Student's SEVIS ID:: _____

Level of Study _____

(Secondary, Language training, Associate, Bachelor, Graduate)

in-status with respect to immigration regulations.

Dates of attendance: _____ to _____

is out of status because: _____

B. The student has been approved for:

Part-time enrollment for the following reason:

Academic (term and dates) _____

Medical (term and dates) _____

Final term before graduation (term and dates) _____

Practical training, type and dates: _____ Full-time Part-time

An annual vacation: _____ (term/year)

C. Release Date in SEVIS: _____

Name of Institution: _____

Address: _____

Name of the DSO: _____

Signature: _____

Phone: _____ Email: _____

Please return this completed form to:

Cascadia College International Programs Office

18345 Campus Way NE Bothell, WA 98011

Email: international@cascadia.edu

Phone: +1-425-352-8415

Fax: +1-425-352-8304