

SHORELINE Community College TRANSFER STATUS VERIFICATION FORM

Please type or print clearly and refer to the application instructions on the inside front cover while completing this form. Items marked with an asterisk (*) are required to create an I-20.

To be completed by the student

Name* (Your name should match the name on your passport exactly.)

Last/Family/Surname* First/Given name* Middle name

Student ID number (At previous institution) **Last quarter attended**

Email address

.....

Do you plan to travel outside of the U.S. before beginning your studies at Shoreline Community College?

Yes No

The undersigned student, by submission of this form, indicates his or her intention to transfer to Shoreline Community College. I authorize a school official at my current school to provide Shoreline Community College with the information requested below.

Full legal signature Date

To be completed by an International Student Advisor

Name, Title **Phone number**

Email address

.....

Name of institution

Address of institution

Street City State Postal/zip code

The above-named student:

is enrolled full-time at this school in the session 20 is enrolled less than full-time because:

To the best of my knowledge, the above-named student is:

in status with respect to immigration regulations out of status because:

Student SEVIS ID number **What is the student's estimated SEVIS release date?**

Student's date of attendance at your school **Student's last (or expected last) date of attendance at your school**

From To Month Day Year

List all periods for reduced course load for which the student was previously authorized.

List all periods of previously authorized OPT/CPT.

Authorization signature

Full legal signature Date

Please fax or mail the completed form to:
 **SHORELINE COMMUNITY COLLEGE**
international programs

16101 Greenwood Avenue North
Seattle, Washington 98133 USA

P: 206.546.4697

F: 206.546.7854

E: ipadmission@shoreline.edu

www.shoreline.edu/international