



VISA TRANSFER FORM
(Please Print Clearly)

TO BE COMPLETED BY THE TRANSFERRING STUDENT

1. Family Name _____ Given Name: _____
2. Term for which you are applying at CCC: Fall _____ Spring _____ Year _____
3. Degree sought: _____ Program of Study: _____

I authorize my current international student advisor to verify the above information and to provide the additional information requested below to CCC.

Signature of applicant

Date

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR

The student named above has notified us of his/her intent to transfer to CCC. Please answer the following questions so that we may complete the transfer process. Thank you for your assistance.

1. Student's INS Admission Number: _____ Visa Type: _____
2. Date of birth: month _____ day _____ yr _____ Country of Citizenship: _____
3. () Student is in status according to immigration regulations and eligible for transfer.
4. () Student is not in status for the following reasons:
() Not registered for full course study as appropriate
() Unauthorized employment
() Other, please explain: _____
5. Has reinstatement been applied for? **Y** **N** If so, when: mo _____ day _____ yr _____
6. Reinstatement filed at which INS office? _____
7. Original I-20 was issued for level of study: _____ Completion date: mo _____ day _____ yr _____
8. Comments: _____

ISSS Advisor's Name and Title: _____ Signature: _____

Date _____ Institution Address: _____

Telephone Number: _____

Please enclose a copy of the student's I-20 and I-94 card if available.

Please return this form to: Bruce Blodgett
Director of Admissions
Primary Designated School Officer
Cayuga Community College
197 Franklin Street
Auburn NY 13021