



SEVIS TRANSFER ELIGIBILITY FORM
F-I Students Applying to Transfer to Scottsdale Community College

Please complete and sign Part I and ask your current International Student Advisor to provide the information in Part 2. This form must be completed and sent to: Scottsdale Community College, International Education Programs Office, 9000 E. Chaparral Rd., Scottsdale AZ 85256; phone: 480-423-6590, fax: 480-423-6099.

The SEVIS School Code for Scottsdale Community College is: PHO214F00012000.

Part I (To be completed by the student)

Family Name: _____ First Name: _____
Student ID #: _____
Address: _____
City: _____ State: _____ Zip Code: _____

I hereby authorize my current International Student Advisor or Designated School Official to provide the information requested by Scottsdale Community College in part 2 of this form.

Student Signature: _____ Date: _____

Part 2 (To be completed by the International Student Advisor/Designated School Official)

Note: This is NOT the student's OFFICIAL TRANSFER RELEASE request for your institution. This is only used for the purpose of determining admission to SCC for the above student. An admission decision will be emailed to the DSO after all admission requirements have been reviewed.

Admission/ I-94 # _____
Dates of Attendance: _____ to _____ Graduation date: _____
Degree & major pursued at your institution: _____
Is this student eligible to continue at your institution? ___Yes ___No
Transfer release date, upon confirmation of admission: _____
Student's SEVIS ID: _____
Is/Was the student in status? ___Yes ___No (If no, please explain in comments section)
Is/Was the student pursuing a full course of study when last enrolled? ___Yes ___No
Has the student met all financial obligations at your institution? ___Yes ___No
Please list any periods of Practical Training: _____
Has the student ever been on academic suspension or probation? ___Yes ___No

Comments:

Please provide a copy of the student's I-20 issued by your institution (page 1 and 3).

Name of Advisor/DSO: _____ Title: _____
Name of Institution: _____
Address of Institution: _____
Telephone: _____ E-mail: _____
Signature: _____ Date: _____