



SEVIS TRANSFER ELIGIBILITY FORM
F-1 Students Applying to Transfer to Scottsdale Community College

Please complete and sign Part 1 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 Student Admissions, 9000 E. Chaparral Rd., Scottsdale AZ 85256; phone: 480-423-6128, fax: 480-423-6200.

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

Part 1 (To be completed by the student)

Family Name: _____ First Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Phone Number: _____

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. Please wait to transfer the student's SEVIS record until after the student has received an acceptance letter from us and presented a copy to you.

Admission/ I-94 # _____ SEVIS ID: _____
Dates of Attendance: _____ to _____ Graduation date: _____
Degree & major pursued at your institution: _____
Is this student eligible to continue at your institution? ____Yes ____No
Has the student ever been on academic suspension or probation? ____Yes ____No
Transfer release date, upon confirmation of admission: _____
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 (Please specify the type of Practical Training along with the dates of authorized periods.):

Comments: _____

Name of Institution: _____
Address of Institution: _____

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