SEVIS TRANSFER ELIGIBILITY FORM

Scottsdale Community College - 9000 E. Chaparral Rd, Scottsdale AZ 85256

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 emailed as a PDF to iss@scottsdalecc.edu or mailed to: Scottsdale Community College, International Student Admissions, 9000 E. Chaparral Rd., Scottsdale AZ 85256.

Part1 (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.

Email: _____ Phone Number: _____

Part2 (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. The SEVIS School Code for Scottsdale Community College is: PHO214F00012000.

SEVIS ID: _____ Dates of Attendance: _____ to _____

Graduation Date: _____

Degree & Major Pursued at you Institution: _____

Is this student eligible to continue at you 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.):*

SCOTTSDALE COMMUNITY COLLEGE
A **MARICOPA** COMMUNITY COLLEGE

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Comments

Name of Institution: _____

Address of Institution: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Printed Name of Advisor/DSO: _____ Title: _____

Signature: _____ Date: _____