Merced College

School Code: SFR214F00255000

MERCED COMMUNITY COLLEGE DISTRICT● INTERNATIONAL STUDENT SERVICES ●
3600 M Street, MS#23, Merced, California 95348-2898 ●Telephone: (209) 384-6229●(209)384-6381●Email: wood.m@mccd.edu●

Transfer Clearance Form

(Please return completed form to student or Email/fax to address listed above)

STUDENT:

A) If you are transferring from a school within the United States, this Transfer Form must be completed and sent to us by the International Student Advisor at the school you are attending or last attended.
B) Your acceptance documents and I-20 will not be issued until the Transfer Form has been received at Merced College.
C) If it is determined that you did not maintain full-time student status at your previous school, you may not be accepted for enrollment at Merced College.

INTERNATIONAL STUDENT ADVISOR: Please complete the following information to enable the student to transfer to Merced College. The information is to assist us in completing the transfer procedures.

Name of student: _____,_____
LAST FIRST

Student SEVIS Number: _____

Name of School: _____

Address of School: _____

City: _____State: _____ ZIP: _____

Student's last date of attendance (or expected date of completion):_____

Expected SEVIS release date: _____
Please do not release student's SEVIS file until the student receives an acceptance letter from us.
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Dates of attendance at your school: From: _____ to: _____
Has student been in good standing with the F-1 visa compliance? Yes_____ No_____ If no, please explain:

_____

_____

Did student transfer to your program? Yes_____ No_____
If Yes, from which school?_____
Did student apply for OPT? Yes_____ No_____ If yes, period:_____ to _____.

Does student have any outstanding financial obligations to your school? Yes_____ No_____
If Yes, please explain:_____

If you think that there are any particular academic, social or cultural circumstances that might affect the student's education, please comment:_____

_____

Name and title of DSO: _____
Email address: _____
Phone number: _____

Signature of DSO: _____ Date:_____