

# INTERNATIONAL ADMISSIONS

1540 Northway Dr, St Cloud MN 56303 • [internationaladmissions@sctcc.edu](mailto:internationaladmissions@sctcc.edu) • +1 (800) 222-1009

## International Transfer Student

This form must be attached to your application if you are transferring from a U.S. College or University to St. Cloud Technical & Community College. There are two sections on this form, one to be completed by you, and the second section to be completed by the designated school official at your current/former institution.

**The student or International Student Official (DSO) may email this form to [internationaladmissions@sctcc.edu](mailto:internationaladmissions@sctcc.edu).**

### PART 1: STUDENT INFORMATION

Student Name (*Last, First, Middle Name*)

(*Surname, Given Name 1, Given Name 2*)

Student ID Number at current/former school

Date of Birth (MM/DD/YYYY)

Admission Number from I-94

Current SEVIS ID (from I-20)

I declare that the information provided on this form is true, correct, and complete. SCTCC has my permission to verify information by obtaining documents as needed. I grant permission to my former school to provide St. Cloud Technical & Community College the information necessary to process the transfer of my F-1 status. I understand that before SCTCC can issue an I-20, I must also send a copy of my current U.S visa, I-94, and current I-20 or IAP-66, if applicable.

Signature

Date

Please include the following with this form:

☐ Copy of Current U.S. visa

☐ Copy of I-94

☐ Copy of Current I-20 or IAP-66

### PART 2: SCHOOL INFORMATION - TO BE COMPLETED BY THE INTERNATIONAL OFFICER OR DSO

Institution Name

Check all that apply:

☐ Student was registered for a full course of classes the preceding quarter or semester.

☐ Student was authorized for post-completion practical training and is eligible for a transfer as per above.

☐ Student was **NOT** registered for a full course of study during the preceding quarter or semester. SCTCC should advise the student to apply for reinstatement with the Bureau of Citizenship and Naturalization (BCIS).

Program and Degree Pursuit

Student Start Date at your Institution \_\_\_\_\_ Degree Completed? Yes No  
If **yes**, date completed \_\_\_\_\_

Advisor Name \_\_\_\_\_ Title \_\_\_\_\_

Institution Address

Email

Phone

Signature

Date