

# Transfer Status Verification Form

This form is not a letter of acceptance. It is used to collect and verify student information.

1. Complete the student section of this form (part 1), then ask your current / most recent school advisor to fill out the advisor section (part 2). Your advisor will return this form directly to **South Seattle College**.

2. Request that your current school release your SEVIS (immigration) record to **South Seattle College**. Ask your advisor what documentation is needed.

**Part 1: To be completed by the STUDENT**

Name: \_\_\_\_\_  
Last/Family Name    First Name    Middle Name(s)

Current School SID: \_\_\_\_\_

South Seattle SID (if known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

First Quarter at South Seattle will be: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Will you travel outside the U.S. before beginning your program at South Seattle College?  No  Yes

If yes, What are your expected dates of travel?

Leaving the U.S.: \_\_\_\_\_

Returning to the U.S.: \_\_\_\_\_

"I authorize my current/previous school to provide South Seattle College with information about my immigration status and transfer eligibility."

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Transfer Status Verification Form

Part 2: To be completed by an INTERNATIONAL STUDENT ADVISOR (Designated School Official only)

➤ Please do not release a terminated or completed record without confirmation from South Seattle College.

Dates of Enrollment: From \_\_\_\_\_ To \_\_\_\_\_

Student SEVIS ID: \_\_\_\_\_

Anticipated SEVIS Transfer Release Date: \_\_\_\_\_

To the best of your knowledge, has the student maintained non-immigrant status?  Yes  No

If no, student is out of status due to:

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Has the student been authorized for any of the following? If yes, please check box(es) and list dates.

- Vacation terms:
- Leave of Absence:
- Medical Leave:
- CPT: PT or FT, dates:
- OPT: PT or FT, dates:

Any other issues we should be aware of?

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DSO Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_  
Last/Family Name First Name

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of School (as it appears in SEVIS): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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Email completed form to: [IPAdmissions@seattlecolleges.edu](mailto:IPAdmissions@seattlecolleges.edu)

Release active SEVIS record to:

South Seattle College - SEA214F01003.000