International Student Transfer Verification Form

International students transferring to Montcalm Community College from a different college or university in the United States must complete PART I of this form. PART II must be completed by the International Student Designated School Official (P/DSO) at the previous college or university. Return both Parts 1 & 2 to:

Dean of Student and Enrollment Services
dalexander@montcalm.edu
Montcalm Community College
2800 College Drive
Sidney, MI 48885

PART I  (Please Print Legibly)

Student Name: _____________________________________________
                 Last  First  Middle

Student Address: ___________________________________________  

Country of Birth: ________________ Country of Citizenship: ________________

Date of Birth: ________________ Field of Study: ________________________

Degree Program sought at Montcalm Community College: ____________________

When do you wish to begin at Montcalm Community College? (circle one)

 Fall 20____  Spring 20____  Summer 20____

I certify that I am leaving my previous college/university as a student in good-standing, and that my cumulative G.P.A. (grade point average) at my previous college is above 2.0 (C or better)

☐ Yes  ☐ No

I request and authorize my previous college/university International Student Designated School Official (P/DSO) to provide the information in PART II of this form to Montcalm Community College, and to provide any other information pertinent to my time at my previous college.

Student Signature: ___________________________ Date: ________________
PART II
(To be completed by a Designated School Official from student's previous college/university.)

1. Student's date of entry into U.S. _______________________

2. Initial date of enrollment to your institution _______________________

3. Program level to which the student was admitted _______________________

4. Present non-immigrant visa classification _______________________

5. Date of expiration of student's I-94 _______________________

6. Did the student maintain his/her non-immigrant status? YES☐ NO☐

7. Would the student be permitted to continue or return to your institution?
   YES☐ NO☐
   If NO, please explain______________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________

8. Is the student currently on Practical Training? YES ☐ NO☐

   P/DSO's Name: (print) ________________________________

   Title: ________________________________

   Phone number __________________ Email __________________

   P/DSO's Signature: ________________________________

   Date: ____________________________

   Name of College/University: ________________________________

   College/University SEAL: