



F-1 Transfer In Form

This form is required of all international students who are applying for transfer to Skyline College from another school in the U.S.

SECTION A: TO BE COMPLETED BY THE STUDENT

You need to complete this section of the form and submit it to the Designated School Official (DSO) at your current school. Please attach a copy of your Skyline acceptance letter to this form.

Last Name _____ First Name _____ Middle Name _____

Skyline College ID Number _____ Country of Citizenship _____

I authorize the Designated School Official at my current school to provide Skyline College with the information requested below.

Student's Signature _____ Date _____

SECTION B: TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL

Please complete this section of the form and return it to the International Student Program at Skyline College via e-mail or fax (see the contact information above). Skyline school code is SFR214F00591000.

SEVIS INFORMATION:

SEVIS ID Number _____ Transfer Release Date: _____

Has the student ever been authorized for Reduced Course Load for Medical Reason? Yes No
If yes, please provide the dates of the Reduced Course Load: From _____ To _____

Is the student currently in status? Yes No

If No, please explain: _____

ACADEMIC INFORMATION:

Dates of attendance at your institution: Start Date: _____ End Date: _____

Has the student completed a program at your institution? Yes No
If yes, what level of study did he/she complete? Associate / Bachelor / Master / Other (_____)

Was the student ever under academic probation? Yes No

Has disciplinary action ever been taken against the student? Yes No

Is the student academically eligible to continue at your institution? Yes No

Has the student met all financial commitments at your institution? Yes No

DESIGNATED SCHOOL OFFICIAL INFORMATION:

Name of Institution _____ School SEVIS Code _____

Address of Institution _____

Name of Designated School Official _____

Phone Number _____ Email Address _____

Signature _____ Date _____