

NORTH IOWA AREA COMMUNITY COLLEGE International Student Transfer Form NIACC SEVIS ID: OMA214F00175000

To facilitate your immigration related transfer to North Iowa Area Community College (NIACC), please complete Section A of this form and ask the SEVIS Designated School Official (DSO) at your current institution to complete Section B.

Please mail or fax this completed form to the address indicated at the bottom of this page. This information is needed to determine if you meet the Immigration and Naturalization Service transfer requirements.

| Α. | STUDENT: | | | |
|--|---|---|------------------------------|--|
| 1. | Name (print) | | | |
| 2. | Name (print) Last or Family Country of Citizenship | First SEVIS ID# | Middle | |
| | | ountry of Citizenship SEVIS ID# | | |
| 3. | | emester for which you are applying to NIACC | | |
| 4. | I,(Signature) | , permit the information requested below to be forwarded to North Iowa Area Community College. | | |
| В. | SEVIS Designated School Office | SEVIS Designated School Official: | | |
| | 1. What is the student's visa type? | What is the student's visa type? | | |
| | . Does the student currently have a SEVIS 1-20 from your school? Yes No | | | |
| | Has the student been pursuing a full course of study (or has already been reinstated to status by USCIS)? Yes No | | | |
| | 4. Is the student in good academic | Is the student in good academic standing? Yes No If "NO", please explain: | | |
| | 5. Has the student had financial or | health difficulties? Yes | No If "YES", please explain: | |
| | | Has the student received any disciplinary warnings (ex: academic, student conduct, or technology related)? Yes No If "YES", please explain: | | |
| | 7. Is student eligible to re-enroll at y | Is student eligible to re-enroll at your school? Yes No If "NO", please explain: | | |
| | Please indicate any curricular, optional, practical, or academic training granted to this student: | | | |
| | . Reason for leaving your school | | | |
| If you wish to make any additional comments, please use the reverse side of this form. We appreciate your assistance and assure you that this information will be held in strict confidence. | | | | |
| | Name | | | |
| Re | Return this form to: Josie Popp Telephone:641-422-4208 NIACC DSO Josie.Popp@NIACC.edu Josie.Popp@NIACC.edu | | | |