

Transfer Form

The Student and Exchange Visitor Program (SEVP) requires this office to have the following information in order to process your transfer to Monterey Peninsula College. Please complete the information in Section I and submit this form to the International Student Advisor at your present/last school attended.

Section I: To Be Completed by Student

Applicant's Name _____

Last Name

First Name

Middle Name

Birth Date _____ Country of Citizenship _____

Semester intended to transfer: Fall _____ Spring _____ Summer _____ (20__)

I hereby authorize my present International Student Advisor (or Designated School Official/ DSO) to provide the information below as part of my application for admission to Monterey Peninsula College.

Signature: _____

Date: _____

Section II: To Be Completed by Designated School Official

Please return this form to: Monterey Peninsula College
International Student Programs
980 Fremont Street
Monterey, CA 93940
Phone: (831) 645-1357; FAX: (831) 645-1390
SEVIS Number: **SFR214F00600000**

Student INS Admission Number (I-94 number) _____

Type of Visa (F-1, F-2, etc.) _____

____ This student is in good standing and is/was enrolled in a full course of study until _____ (date).

____ This student is out of status and a reinstatement to student status was filed on _____ (date) at the INS office in _____ (place) and is pending. Please enclose copies of documents filed with INS.

____ This student is out of status and must file for reinstatement to student status.

____ Release date to MPC _____

____ Other Comments _____

Printed name of DSO: _____ Signature: _____

Title: _____

Institution: _____

Address: _____

E-mail Address: _____ Phone number _____