

DELAWARE COUNTY COMMUNITY COLLEGE
901 S. Media Line Road, Media, PA 19063-1094
Phone: (610)359-5050 E-mail: admiss@dcccnet.dcc.edu Fax: (610)359-5343

**INTERNATIONAL STUDENT (F-1) TRANSFER
REQUEST FORM**

To the Student:

PLEASE SIGN THE RELEASE OF INFORMATION SECTION OF THIS FORM AND GIVE IT TO THE FOREIGN STUDENT ADVISOR OF THE SCHOOL YOU NOW ATTEND.

I, _____, grant permission for the information requested below to be
(please print)
released to **DELAWARE COUNTY COMMUNITY COLLEGE**.

(Date of birth)

(Student's signature)

(Today's date)

TO BE COMPLETED BY THE CURRENT SCHOOL

The above named student has applied for admission to DELAWARE COUNTY COMMUNITY COLLEGE. In compliance with INS regulations effective May 22, 1987, we request confirmation of his/her status at your institution before approving transfer to DCCC. Please complete the following information and return to:

**INTERNATIONAL ADMISSIONS
DELAWARE COUNTY COMMUNITY COLLEGE
901 S. MEDIA LINE ROAD
MEDIA, PA 19063-1094**

1. Dates of attendance: _____
2. Has the above named student remained in compliance with his/her F-1 status while attending your school? _____ (If **no**, please explain under comments.)
3. Has the student maintained reasonable academic progress at your school? _____
4. Has the student fulfilled his/her financial obligations? _____
5. Date of expected graduation or end of program: _____
6. Are there any special circumstances regarding this student's attendance or status at your institution? _____ (If yes, please explain under comments.)
7. SEVIS release date: _____

Comments: _____

PLEASE ATTACH A COPY OF THE I-20 ISSUED TO THE ABOVE STUDENT FROM YOUR SCHOOL.

Signature: _____ Date: _____

Official's Name and Title: _____

E-mail address: _____ Telephone number: _____

Name and Address of Institution: _____
