

## Admissions Office, Attn: International 901 South Media Line Road, Media, PA 19063-1094

Please email completed form to <u>international@dccc.edu</u>, fax to 610-359-7358, or mail directly to the address above.

## INTERNATIONAL STUDENT (F-1) TRANSFER VERIFICATION

You should complete this form if:

- You wish to attend Delaware County Community College (DCCC.)
- You are currently attending another school in the United States.
- You are currently in F-1 status and have an I-20 from that school.

You should complete the steps below in order to request the transfer of your SEVIS record to DCCC:

- 1. Complete Section A of this form and give the form to your International Student Advisor at your current school.
- 2. Your advisor will complete Section B of this form and send it to DCCC.
- 3. Upon receipt of this form from your school, DCCC can issue an acceptance letter.
- 4. When your current school receives an acceptance letter from DCCC, they can release your record in SEVIS.
- 5. After your SEVIS record has been released, DCCC can issue your I-20.
- 6. Indicate on your International Student Application if you want DCCC to mail your I-20 or if you want to pick it up at the College.

**NOTE**: DCCC cannot issue your I-20 until your current school has released your record in SEVIS. If you will travel outside of the U.S. before you begin your program at DCCC, you will need to have your I-20 from DCCC with you in order to return to the U.S. Please consider this when you choose where we should send your I-20.



Section A: To Be Completed by the Student

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I grant permission for the information below to be released to Delaware County Community College.		
Family Name	First Name	SEVIS ID (N00)
Current U.S. Address		Phone Number
Signature		Today's Date
Section B: To Be Completed by	a DSO at the Student's Curre	ent School
The above named student has applied Code PHI214F00443000). The Colleg your institution before approving the We will then issue an acceptance to do NOT release a Completed or To Is the student currently in Active F	re requests confirmation of the student transfer. Please return the this formetter and authorize release of the terminated SEVIS record without	dent's status at n by email, fax, or mail. e student's SEVIS record. Please
□ YES □ NO (Please explain:		)
Final Date of Attendance:	SEVIS Release Date (U	pon Acceptance):
Comments:		
DSO Name (Please Print)	Signature	Today's Date
E-mail	Phone Number	
Name and Address of School		