



F-1 Transfer-In Form

To be completed by the **STUDENT**.

Last Name		First Name	
Student ID# at the current/previous U.S. School		CBC ID# (if known)	
First Academic term at CBC	Email		
Home Phone#		Cell Phone#	
1. Do you plan to travel outside the U.S. before beginning your program at CBC. <input type="checkbox"/> Yes <input type="checkbox"/> No.			
If Yes, please give departure and return dates: _____			
2. "I authorize my current/previous school to provide CBC with the information regarding my immigration status."			
_____			_____
Signature			Date

To be completed by the **INTERNATIONAL STUDENT ADVISOR** at the current/previous school

Educational Level Sought		Last Date of Authorized Attendance/Practical Training	
Authorized Reduced Course Load (list all periods and reasons)			
Authorized Curricular and/or Optional Practical Training (list all periods)			
SEVIS ID		SEVIS Transfer Release Date	
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
1. Based on the records of this office, it appears that the above named student:			
<input type="checkbox"/> is <input type="checkbox"/> is not			
eligible for SEVIS school transfer pursuant to 8 CFR § 214.2.(f)(8).			
2. Remarks			
DSO's Name		Title	
Signature		Date	
Email		Phone	
School name and address			

Please email, fax, or mail completed forms to:
 International Student Program
 Columbia Basin College
 2600 N. 20th Ave., Pasco, WA 99301

Phone: 509.547.0511 Fax: 509.544.2023
 Email: internationalstu@columbiabasin.edu
 Web: columbiabasin.edu/internationalstudents

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