

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." _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Date </div>	

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 N	SEVIS Transfer Release Date
1. Based on the records of this office, it appears that the above named student: <div style="display: flex; align-items: center; margin-left: 40px;"> <input type="checkbox"/> is <input type="checkbox"/> is not </div> 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 mail or fax completed form to:
 Columbia Basin College
 International Student Program
 2600 N. 20th Ave., MS-H4
 Pasco, WA 99301

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