



F-1 Transfer In Form

SECTION A: TO BE COMPLETED BY THE STUDENT

You need to complete this section of the form and submit it to the Designated School Official (DSO) at your current school. Please attach a copy of your Skyline acceptance letter to this form.

Last Name _____ First Name _____ Middle Name _____

Skyline College ID Number _____ Date of Birth (MM/DD/YYYY) _____

I certify my SEVIS record is in active status. I authorize the Designated School Official at my current school to provide Skyline College with the information requested below.

Student's Signature: _____ Date: _____

By typing my name above, I am electronically signing my form.

SECTION B: TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL

Please complete this section of the form and return it to the International Student Program at Skyline College via e-mail (skyinternational@smccd.edu). **Skyline school code is SFR214F00591000.**

SEVIS INFORMATION:

1. Current SEVIS Status

- Active - Transfer Release Date (MM/DD/YYYY): _____
- Terminated - DO NOT TRANSFER THE RECORD
- Completed - DO NOT TRANSFER THE RECORD
- Other (Please explain below): _____

2. History of Employment and Medical Reduced Course Load Authorizations (if applicable)

- CPT – Dates of Authorization: _____ Part-time Full-time
- OPT – Degree Level: Associate Bachelor Master Other: _____
 Dates of Authorization: _____ Part-time Full-time
- Medical RCL - Dates of Authorization: _____

DESIGNATED SCHOOL OFFICIAL INFORMATION:

Name of Institution: _____ Name of DSO: _____

Phone Number: _____ E-mail Address: _____

Signature: _____ Date: _____