



# International Student Admissions

## Transfer In Form

**SEVIS School: Siskiyou Joint Community College District**  
**SEVIS School Code: SFR214F00132000**

- Step 1 – Please complete an International Supplemental Application for College of the Siskiyous  
Step 2 - Please return completed form to student or mail/fax to address listed below  
Step 3 – Please submit your transcripts from all other U.S. Campuses.

### STUDENT:

- A. If you are transferring from a school within the United States, please have this Transfer form completed by the International Student Advisor at the school you are transferring from.
- B. Your acceptance documents and SEVIS I-20 will not be issued until the Transfer Form has been received at College of the Siskiyous.
- C. If it is determined that you did not maintain full-time student status at your previous school, you may not be accepted for enrollment at College of the Siskiyous.

**INTERNATIONAL STUDENT ADVISOR:** Please complete the following information to enable the student to complete his/her transfer to College of the Siskiyous. The information is to assist us in completing the transfer procedures required by the Bureau of Citizenship and Immigration Service [CFR 214.2(f) (8) (i)].

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

INS Departure (Admission) Number: \_\_\_\_\_

Visa Type: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

School Code Number: \_\_\_ \_\_ 214F \_\_\_ \_\_ \_\_\_ \_\_ \_\_\_ \_\_

Student SEVIS I-20 Number: \_\_\_\_\_

Student's last date of attendance (or expected date of Completion): \_\_\_\_\_

Release date from SEVIS: \_\_\_\_\_

Dates of attendance at your school. From: \_\_\_\_\_ To: \_\_\_\_\_

Full Time Status:  Yes  No

If No, please explain:

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Did student transfer to your program?  Yes  No

If Yes, from which school? \_\_\_\_\_

Does student have any outstanding financial obligations to your school?

Yes  No

If Yes, please explain:

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If you think that there are any particular academic, social or cultural circumstances that might affect the student's education, please comment:

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Name of School Official: \_\_\_\_\_

Title of School Official: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For questions please contact:

International Student Admissions

Phone: (530) 938-5374

Fax: (530) 938-5367

Email: [international@siskiyous.edu](mailto:international@siskiyous.edu)

College of the Siskiyous

Student Services

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