



Montcalm Community College

International Student Transfer Verification Form

International students transferring to Montcalm Community College from a different college or university in the United States must complete PART I of this form. PART II must be completed by the International Student Designated School Official (P/DSO) at the previous college or university. Return both Parts 1 & 2 to:

Dean of Student and Enrollment Services
francisco.ramirez@montcalm.edu
Montcalm Community College
2800 College Drive
Sidney, MI 48885

PART I (Please Print Legibly)

Student Name: _____
Last First Middle

Student Address: _____

Country of Birth: _____ Country of Citizenship: _____

Date of Birth: _____ Field of Study: _____

Degree Program sought at Montcalm Community College: _____

When do you wish to begin at Montcalm Community College? (circle one)

Fall 20____ Spring 20____ Summer 20____

I certify that I am leaving my previous college/university as a student in good-standing, and that my cumulative G.P.A. (grade point average) at my previous college is above 2.0 (C or better)

Yes

No

I request and authorize my previous college/university International Student Designated School Official (P/DSO) to provide the information in PART II of this form to Montcalm Community College, and to provide any other information pertinent to my time at my previous college.

Student Signature: _____ Date: _____

PART II

(To be completed by a Designated School Official from student's previous college/university.)

1. Student's date of entry into U.S. _____

2. Initial date of enrollment to your institution _____

3. Program level to which the student was admitted _____

4. Present non-immigrant visa classification _____

5. Date of expiration of student's I-94 _____

6. Did the student maintain his/her non-immigrant status? YES NO

7. Would the student be permitted to continue or return to your institution?

YES NO

If NO, please explain _____

8. Is the student currently on Practical Training? YES NO

P/DSO's Name: (print) _____

Title: _____

Phone number _____ Email _____

P/DSO's Signature: _____

Date: _____

Name of College/University: _____

College/University SEAL: