

Transfer students must have their previous school complete this form.

**SEVIS NAME: College of Marin-College of Marin. Code: SFR214F00609000**

To the international student advisor: Please complete the following form and return it to our office to facilitate the student's transfer to College of Marin. Thank you for your help.

STUDENT'S NAME \_\_\_\_\_

Student has been entered on SEVIS?  YES  NO

SEVIS ID # \_\_\_\_\_ SEVIS RELEASE DATE: \_\_\_\_\_

The above named student:

- Is taking a full-time course of study at this school and the expected date of completion of his/her studies is \_\_\_\_\_
- Was registered as a full-time student at this school from \_\_\_\_\_ to \_\_\_\_\_
- Did not complete the course of study but terminated attendance on (date). \_\_\_\_\_
- Never attended this school.

To the best of your knowledge, has the above named student met all obligations to the Immigration and Naturalization Service?  YES  NO

If no, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (        ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DESIGNATED SCHOOL OFFICIAL (Please Print) \_\_\_\_\_  
NAME TITLE

SIGNATURE OF DESIGNATED SCHOOL OFFICIAL \_\_\_\_\_  
NAME DATE

PLEASE SEND COMPLETED FORM TO: Deborah Wiebers  
Office of Admissions and Records  
College of Marin  
Kentfield, CA 94904