



Center for Global Education & Field Study
 International Student & Scholar Services (ISSS)
 14 East Cache La Poudre Street
 Colorado Springs, CO 80903
 Tel: (719) 389-6024
 Email: iss@coloradocollege.edu

COLORADO COLLEGE F-1 TRANSFER-IN FORM

SECTION A: TO BE COMPLETED BY THE STUDENT

Last (Family) Name: _____ First Name: _____ Middle Name: _____
 Date of Birth (month/day/year): _____ Email: _____ Phone: () _____
 Semester and Year you will begin study at Colorado College: Fall Spring Year: _____
I permit the information requested below to be forwarded to Colorado College:
 Student's Signature: _____ Date (month/day/year): _____

SECTION B: TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR

The above-named student has been admitted to study at Colorado College in Colorado Springs, Colorado. In compliance with immigration regulations, we request confirmation of his/her status at your institution. The Colorado College school code for SEVIS record transfer purposes is: **DEN214F00134000**. Please complete the following and return by mail or email to the address listed above.

1. **SEVIS Release Date (month/day/year):** _____
2. **SEVIS ID Number:** _____
3. **Current Immigration Status (check all that is applicable)**
 Student was/is pursuing a full course of study during the _____ term
 Student was/is not pursuing a full course of study and must apply for reinstatement.
 Student is in legal F-1 status.
 Student is not in legal F-1 status for the following reason: _____
4. **What semester/quarter did/will the student last complete study at your institution?** _____ **Year:** _____
5. **If your institution is a PUBLIC SECONDARY SCHOOL (High School):**
 a. **Date student first enrolled at your institution (month/day/year):** _____
 b. **Date student last re-entered the U.S. from travel abroad (month/day/year):** _____
6. **Please indicated the dates and type of any practical training (Curricular Practical Training [CPT] or Optional Practical Training [OPT] in which the student has participated:** _____
7. **Designated School Official completing this form:**

Name	Signature
Name of institution	Date
Address	Telephone
Email	