International Student
Transfer Verification Form

Section A (To be completed by student):

Please read this form carefully and sign it in the space provided. Then present it to the International Student Advisor at the college you attended most recently. This form must be received before the transfer I-20 can be issued.

Name: _____

Current Address: _____

_____

E-mail Address: _____

I hereby grant permission for the information provided on this form to be forwarded to Berkshire Community College.

Signature: _____ Date: _____

Section B (To be completed by Designated School Official):

This student has notified us of his/her intent to transfer to Berkshire Community College. In accordance with USCIS regulations we request that you confirm his/her status so that we may process the transfer request through SEVIS.

SEVIS ID #: _____

To the best of your knowledge, has the student maintained F-1 status? _____

If no, please provide information about any reinstatement application status.

_____

Dates of attendance at your institution: _____

List any periods of Optional Practical Training: _____

Name of DSO: _____ Phone: _____

Signature: _____ Date: _____

E-mail address: _____

Institution: _____

Please return form to BCC, Admissions Office, or Fax to (413) 496-9511. Thank you.

01/08