

International Student Transfer

This application is to be completed and submitted by all students currently in the U.S.

Applicant Information		
Student Name (Last, First, Middle Name):		
Student ID Number at current/former school	Date of Birth (MM/DD/YYYY)	
Admission Number from I-94	Current SEVIS ID (from I-20)	
Country of Birth	Country of Present Citizenship	
I authorize the International Student Advisor at my most recent US Institution I have attended to review the information I have provided above is true and accurate. ATCC has my permission to obtain documents as necessary to process my transfer. I understand prior to ATCC issuance of an I-20, I must provide a copy of my visa, I-94, or IAP-66, if applicable.		
Signature	Date	
School Information – Provided by PDSO/DSO – International Student Advisor		
Institution Name		
Check all that apply: <ul style="list-style-type: none"> <input type="radio"/> Student was registered for full course of study in the preceding term <input type="radio"/> Student has completed Practical Training (Type and Dates) _____ <input type="radio"/> To the best of your knowledge the student is currently in status 		
Dates attended	SEVIS Release Date	Degree awarded? () Yes () No If yes, date complete: _____
Name and Title of advisor		
Address		
Email	Phone	
Signature	Date	

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