

## **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		
<ul> <li>Check all that apply:</li> <li>Student was registered for full course of study in the preceding term</li> </ul>		
<ul> <li>Student was registered for full course of study in the preceding term</li> <li>Student has completed Practical Training (Type and Dates)</li> </ul>		
• 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

international@alextech.edu

320.762.4588

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