



Transfer To MCC Form

Metropolitan Community College
 International Student Services
 P.O. Box 3777
 Omaha, NE 68103-0777
 Fax # 402-403-0828
 Email iss@mccneb.edu (preferred)

As a transfer F-1 student seeking admission to Metropolitan Community College, please complete Part 1 of this form and submit it to the Designated School Official (DSO) at the institution you are currently attending. The DSO should complete Part 2 of this form and return it directly to Metropolitan Community College. This form will not be returned to you.

Part 1 (To be completed by Student)

Name _____
 Family Name First Name Middle Name

Country of Citizenship _____ Type of Visa _____

U.S. Address _____
 Street and Number City State Zip Code

Email address _____ Phone Number: _____

I hereby authorize release of all information on this form to Metropolitan Community College.

Student Signature _____ Date _____

Part 2 (To be completed by Designated School Official at the current institution)

Is this student in SEVIS Yes No If yes, SEVIS ID# _____

What will be her/his date of release from your school? _____

When was this student last enrolled full time at your institution? _____

Does this student have an active status in SEVIS? Yes No
 If no, please explain and provide the date the record was "terminated" or "completed".

Has this student ever been granted CPT or OPT? Yes No
 If yes, please state the start and end dates:

Does this student currently hold an EAD card applied through your institution? Yes No

Has this student been granted an RCL for Academic Difficulty? Yes No
 If yes, please indicate which academic level it was for (e.g., ESL, certificate, associate, bachelor, master, etc.):

Signature of Designated School Official Name and Title Date

Institution Address Phone number Fax number

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