

## F-1 Student Transfer Report

**Student:** Complete this form only if you are **transferring from** a US high school, language school, college, or university. Fill out the top part of this form, and give it to the international student advisor at your current or last attended school.

Print Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SEVIS ID Number: \_\_\_\_\_  
Family Name Given Name MM/DD/YYYY This number can be found on the top left of your I-20.

Student ID at current school: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Intended Start Quarter: ☐ Summer ☐ Fall ☐ Winter ☐ Spring Year: \_\_\_\_\_

Will you travel outside of the US between finishing at your current school and starting at Highline College?

☐ Yes ☐ No

Travel Dates: \_\_\_\_\_  
Date you think you will leave the US Date you think you will return to the US

International Student Advisor Name: \_\_\_\_\_ Advisor Email: \_\_\_\_\_

*I grant permission for my current advisor to forward Highline College the information below and to provide additional information as Highline College requests.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**International Student Advisor/Designated School Official:** *The above-named student is considering transferring to Highline College. Highline requires this form as part of a complete application package. We are NOT requesting transfer of the SEVIS record at this time.* Please complete the information requested and email it to our office using the contact information below.

SEVIS ID Number (if different from above): \_\_\_\_\_ Is the SEVIS record in active status? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

*Do NOT transfer a terminated or completed SEVIS record without prior communication with a DSO at Highline College.*

Has the student ever enrolled in classes? ☐ Yes ☐ No (Anticipated) Last Date of Enrollment: \_\_\_\_\_

Has the student ever participated in OPT? ☐ Yes ☐ No (Anticipated) Last Date of OPT: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Name and Title of DSO (if different from above): \_\_\_\_\_

Name of Institution: \_\_\_\_\_ City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (if different from above): \_\_\_\_\_

*I acknowledge that this form is used for status verification purposes only. The SEVIS record is **NOT** to be released to Highline College without the student's consent and proof of acceptance.*

DSO Signature: \_\_\_\_\_ Date: \_\_\_\_\_