



Merced College

School Code: **SFR214F00255000**

MERCED COMMUNITY COLLEGE DISTRICT • INTERNATIONAL STUDENT SERVICES •
3600 M Street, MS#23, Merced, California 95348-2898 • Telephone: (209) 384-6229 • (209) 384-6381 • Email: wood.m@mccd.edu

Transfer Clearance Form

(Please return completed form to student or Email/fax to address listed above)

STUDENT:

- A) If you are transferring from a school within the United States, this Transfer Form must be completed and sent to us by the International Student Advisor at the school you are attending or last attended.
- B) Your acceptance documents and I-20 will not be issued until the Transfer Form has been received at Merced College.
- C) If it is determined that you did not maintain full-time student status at your previous school, you may not be accepted for enrollment at Merced College.

INTERNATIONAL STUDENT ADVISOR: Please complete the following information to enable the student to transfer to Merced College. The information is to assist us in completing the transfer procedures.

Name of student: _____,
 LAST **FIRST**

Student SEVIS Number: _____

Name of School: _____

Address of School: _____

City: _____ State: _____ ZIP: _____

Student's last date of attendance (or expected date of completion): _____

Expected SEVIS release date: _____

Please do not release student's SEVIS file until the student receives an acceptance letter from us.

Merced Community College District- School code: SFR214F00255000

Dates of attendance at your school: From: _____ to: _____

Has student been in good standing with the F-1 visa compliance? Yes ___ No ___ If no, please explain:

Did student transfer to your program? Yes ___ No ___

If Yes, from which school? _____

Did student apply for OPT? Yes ___ No ___ If yes, period: _____ to _____.

Does student have any outstanding financial obligations to your school? Yes ___ No ___

If Yes, please explain: _____

If you think that there are any particular academic, social or cultural circumstances that might affect the student's education, please comment: _____

Name and title of DSO: _____

Email address: _____

Phone number: _____

Signature of DSO: _____ Date: _____ Stamp: