

## International Student Transfer Verification Form

International students transferring to Montcalm Community College from a different college or university in the United States must compl rSt cthe International Student Designated School Official (P/DSO) at the previous Return both Parts 1 & 2 to:

## Dean of Student and Enrollment Services

## IUDQFLVFR UDPLUH]#PRQWFDOP HGX

Montcalm Community College 2800 College Drive Sidney, MI 48885

PART I (Please Print Legibly) Student Name: Last Middle Student Address: Country of Birth: \_\_\_\_\_Country of Citizenship: \_\_\_\_ Date of Birth: \_\_\_\_\_Field of Study: \_\_\_\_\_ Degree Program sought at Montcalm Community College: When do you wish to begin at Montcalm Community College? (circle one) Spring 20\_\_\_\_ Fall 20 Summer 20 I certify that I am leaving my previous college/university as a student in good-standing, and that my cumulative G.P.A. (grade point average) at my previous college is above 2.0 (C or better) NoĺDĐ œ ^ ã™n@ Y j@ Ù j@ 9–0 Y"Y"è™c0 0#p^` S™ate‰L> ☐ Yes

## **PART II**

(To be completed by a Designated School Official from stud**eret**/sious college/university.)

1. Student's date of entry into U.S.
2. Initial date of enrollment to your institution
3. Program level to which the student was admitted
4. Present non-immigrant visa classification
5. Date of expiration of student's I-94
6. Did the student maintain his/her non-immigrant status? YES NO
7. Would the student be permitted to continue or return to your institution?
YES NO
If NO, please explain
8. Is the student currently on Practical Training? YES NO
P/DSO's Name: (print)
Title:
Phone number Email
P/DSO's Signature: