



NORTH IOWA AREA COMMUNITY COLLEGE

International Student Transfer Form

OMA214F00175000

To facilitate your immigration related transfer to North Iowa Area Community College (NIACC), please complete Section A of this form and ask the Dean of Students at your current institution to complete Section B.

Please mail or fax this completed form to the address indicated at the bottom of this page. This information is needed to determine if you meet the Immigration and Naturalization Service transfer requirements.

A. STUDENT:

- Name (print) _____
Last or Family First Middle
- Country of Citizenship _____ SEVIS ID# _____
- Semester for which you are applying to NIACC _____
- I, _____, permit the information requested below to be forwarded to North Iowa Area Community College.
(Signature)

B. DEAN OF STUDENTS:

- What is the student's visa type? _____
- Does the student currently have a SEVIS 1-20 from your school? Yes _____ No _____
- Has the student been pursuing a full course of study (or has already been reinstated to status by USCIS)? Yes _____ No _____
- Is the student in good academic standing? Yes _____ No _____ If "NO", please explain: _____
- Has the student had financial or health difficulties? Yes _____ No _____ If "YES", please explain: _____
- Has the student received any disciplinary warnings (ex: academic, student conduct, or technology related)? Yes _____ No _____ If "YES", please explain: _____
- Is student eligible to re-enroll at your school? Yes _____ No _____ If "NO", please explain: _____
- Please indicate any curricular, optional, practical, or academic training granted to this student: _____
- Reason for leaving your school _____

If you wish to make any additional comments, please use the reverse side of this form. We appreciate your assistance and assure you that this information will be held in strict confidence.

Dean's Name _____
 Signature _____
 Institution _____
 Address _____

Return this form to:

Dean of Student Development
 North Iowa Area Community College
 500 College Drive
 Mason City IA 50401

Telephone: 641-422-4106
 Fax: 641-422-4150