

SEVIS School Code: SEA214F00294000

\*Please submit completed form through your application portal status page.

## Part 1: To be completed by student

| Name<br>Last Name (Family Name)  | First Name (Given Name    | \<br>\                       | NC 111 NT              |
|--|---------------------------|------------------------------|------------------------|
|  |                           |                              | Middle Name            |
| Address  | City                      | State                        | Zıp                    |
| Phone Number   | E-mail                    |                              |                        |
| Name of Current School   |                           |                              |                        |
| Quarter you i  | ntend to transfer to TCC  |                              | _                      |
|  |                           | Quarter / Year               |                        |
| By signing below, I am authorizing my<br>outside of the U.S. before my I-20 is the<br>before re-entering t           |                           | nd that I must make arrangem | ents to obtain my I-20 |
| Signature  | of Student                | Date                         | _                      |
| Part 2: To be completed by D   | esignated School Offic    | cial                         |                        |
| Dates of Enrollment: From  |                           | To                           |                        |
| SEVIS ID Number: N00   | Exp                       | pected SEVIS Release Date: _ | //                     |
| Is the student currently enrolled?   |                           | YES                          | NO                     |
| Has the student maintained immigration student status?   |                           | YES                          | NO                     |
| Has the student been on academic suspension or probation.<br>If yes, please explain in comments section below.       |                           | YES                          | NO                     |
| Is the student eligible to continue studies at your institution?<br>If no, please explain in comments section below. |                           | YES                          | NO                     |
| Please do  | not transfer a terminated | or completed record.         |                        |
| Comments   |                           |                              |                        |
|  |                           |                              |                        |
|  |                           |                              |                        |
| Name of Designated School Official   | Signature                 |                              | Date                   |
| School Name  | School Address            |                              |                        |
| E-mail   | Phone Number              |                              |                        |