



F-1 Student Transfer Form

PART I: **To be completed by the student who is planning to transfer to Dakota County Technical College (DCTC):**

Your Name _____
Last Name _____ First Name _____
Current Address _____
City _____ State _____ Zip Code _____
Telephone _____ E-mail _____
Date Planning to Start at Dakota County Technical College _____
I give permission for my present school to release the information requested on this form to Dakota County Technical College
Signature _____ Date _____

PART II: **To be completed by an authorized school official from the "transfer out" institution:**

- | | | |
|--|--------------------------|--------------------------|
| 1. Is this student attending the school the USCIS last authorized them to attend? | Yes | No |
| If no, when did the student last attend _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| If known, what was the reason for the student's departure _____ | | |
| 2. Is the student currently achieving satisfactory academic progress? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the student owe any money for tuition, fees, etc.? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the student currently enrolled full-time? | Yes | No |
| If no, why _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the student completed their program of study? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the student in status with respect to immigration regulations to the best of your knowledge? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Person Completing Part II _____ Title _____
School _____
Address _____
Phone # _____ Email Address _____
Transfer Out Institution's SEVIS ID # _____
Transfer Release Date _____
Signature of School DSO _____ Date _____

Please mail, email or FAX this transfer form to:

Rahziya Akeem, Academic and Financial Aid Advisor/PDSO
Dakota County Technical College
1300 145th St E
Rosemount MN 55068
Fax: (651) 423.8779
rahziya.akeem@dctc.edu

651.423.8583

For Internal Use Only

Date Received: _____

I-20 issued on: _____