



Office of International Programs  
Clark College, GH1 215  
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## TRANSFER REQUEST FORM

Please complete part 1 and have your current international student advisor complete part 2.

### PART 1 (to be completed by student)

Last Name: ..... First Name: .....

Date of birth: (mm/dd/yy): ..... Email: .....

Are you planning to travel outside the U.S before attending Clark College?    Yes    No

If yes, you will travel from (mm/dd/yy) ..... to (mm/dd/yy) .....

Address to mail your I-20: .....

.....

If no, your I-20 will be available for pickup after you attend orientation and register for classes.

By signing, you agree to the release of the information below to Clark College.

Student signature ..... Date .....

### PART 2 (to be completed by International Student Advisor/DSO)

*This form is only for informational purposes. Please do not transfer the SEVIS record at this time.*

Is the student currently enrolled?     Yes     No     student in initial status

Is the student in status?     Yes     No    If no, please give your comments below:

.....

.....

Last authorized vacation or RCL: ..... Last date of full time enrollment or OPT

Anticipated SEVIS release date ..... School name .....

**(Please do not transfer terminated or completed SEVIS)**

School address .....

DSO name ..... Signature .....

Email ..... Phone ..... Date .....

Clark College SEVIS school code: **SEA 214F00020000**