



Dear Future International Student:

We are unable to process your immigration transfer request until this form is received in our office.

**To Be Completed By Student:**

Please complete and sign the release of information section of this form and give it to your foreign student adviser or Admissions at the school you now attend or most recently attended.

**Student Name**

\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Student ID# \_\_\_\_\_ Transfer Term \_\_\_\_\_

I grant permission for the information requested below to be released Mesa Community College.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed By The Designated School Official (DSO) At Current Or Last Institution Attended:**

Please send this form directly to Mesa Community College at the address or fax number below.

SEVIS ID# \_\_\_\_\_ SEVIS Release Date \_\_\_\_\_  
 Current program/OPT end date \_\_\_\_\_

**Please check and complete all that apply:**

- This student is in good standing and is/was enrolled in a full course of study until (date): \_\_\_\_\_
- This student did not register but reported and requested to be transferred.
- This student is out of status and a reinstatement is pending.

**Indicate the dates of any practical training in which the student has participated:**

OPT Dates \_\_\_\_\_ CPT Dates \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

DSO Signature \_\_\_\_\_ Date \_\_\_\_\_ DSO Email \_\_\_\_\_

Printed Name of DSO \_\_\_\_\_ Title of DSO \_\_\_\_\_ Phone of DSO \_\_\_\_\_

**School Name and Address**

**Please Return Form To:**

Mesa Community College  
 International Education Admissions  
 Supaluck Senaluang  
 1833 West Southern Ave  
 Mesa, AZ 85202

Phone: 480-461-7658  
 Fax: 480-461-7139  
 Email: supaluck@mesacc.edu