INTERNATIONAL TRANSFER-IN FORM

To be completed by F-1 students who have been studying in the U.S. prior to coming to Moberly Area Community College. This form is to be completed and submitted to an International Advisor at MACC before the student may enroll.

Part I: To be completed by the student: *(Please type or print legibly).*

Name: _____
Last (Family) First (Given) Middle

Date of Birth: _____ MACC ID Number:_____
Month/Day/Year

Any dependents in the U.S.? ☐ Yes ☐ No If yes, list names and relationship to student: _____

_____

Current Address (In the U.S.): _____
Street and number/Apt# City State Postal Code

Current Phone Number: (____) - _____ - _____ Current Email: _____

Semester in which you intend to enroll with MACC: 20_____ ☐ Fall ☐ Spring ☐ Summer

Your signature authorizes your current school's DSO to provide the requested information to MACC.

Student Signature: _____ Date: _____

Part II: To be completed by the International Student Advisor of the Transfer-Out School: The above named student has been admitted to MACC. Your assistance is appreciated in completing the questions below. Please e-mail the completed from along with the copy of the student's current I-20 to international@macc.edu using the subject line "Transfer-In Form".

SEVIS ID# _____ Transfer release date _____

Release to:	
Moberly Camus:	KAN214F10059000
Mexico Campus:	KAN214F10059001
Hannibal Campus:	KAN214F10059002
Columbia Campus:	KAN214F10059003
Kirksville Campus:	KAN214F10059004

Dates student attended your school. Please include all semesters: _____

In what academic program (degree and major) is the student enrolled at your school: _____

To the best of your knowledge, is the student in a legal status and eligible to transfer to MACC: ☐ Yes ☐ No

If not, please explain: _____

Additional remarks: _____

_____

International Advisor Signature: _____ Date:_____

Printed name and title: _____ Email: _____

School name and address: _____