

College of the Desert
43-500 Monterey Avenue
Palm Desert, CA 92260
Tel: (760) 776-7205
Fax: (760) 862-1361

INTENT TO TRANSFER TO DESERT COMMUNITY COLLEGE DISTRICT - COLLEGE OF THE DESERT



Student Name: _____
Last Name First Name

To the student:

This form must be completed by the International Student Advisor at the school that you are currently attending. You are responsible for forwarding this form to the last U.S. institution attended and for requesting that this form be sent to College of the Desert. It is important that you have the completed form submitted as soon as possible in order to maintain your F-1 status and complete your application.

This student has applied for admission to College of the Desert. We understand that he/she has an F-1 visa with your school. Please complete this form and return it as soon as possible to College of the Desert at the above address, or fax it to (760) 862-1361. Thank you.

INFORMATION AS IT APPEARS ON STUDENT'S I-20 FORM:

LAST NAME FIRST NAME

STUDENT'S SEVIS ID NUMBER: _____ SEVIS RELEASE DATE: _____

Admission number from I-94: _____

Name of school authorized to attend: _____

Date student began program: _____ Program completion date/last date of attendance: _____

Has the student maintained F-1 status?: _____
YES NO

If No, please explain: _____

Is the student eligible for transfer to College of the Desert? _____
YES NO

If No, please explain: _____

Does the student have any outstanding fees with your institution?: _____
YES NO

Signature of DSO: _____ Date: _____

Printed Name of DSO: _____ Title: _____

Address of school: _____

School DHS File number: _____ Phone number: _____

DSO Email Address: _____

NAME OF SCHOOL AS IT APPEARS IN SEVIS: _____