International Student Transfer Request

(To be completed by F1 Visa students coming to Northeast Iowa Community College from another US institution.)

Please Print Clearly.							
Date of Birth:://_		Sex: O Male O Fema	ile I-94 Nun	nber:			
rst Name: Family Name:					Middle Initial:		
Home Country Address:	Street	Apt.	City	State	Zip		
Present Address:			,		r		
riesent Address.	Street	Apt.	City	State	Zip		
Telephone:			Email:				
Type of Visa:	FVisa:Country Issuing Passport:						
Marital Status: O Married	O Single	If married, is spouse i	n the US: O Yes O N	No			
Children: O Yes O No	dren: O Yes O No If you have children, are any of them in the US: O Yes O No If yes how many:						
First School Issuing your I-20:							
All other US institutions you h	nave attended:						
To be completed by the				ferring from.			
To the best of your knowledge, is this student currently in valid F-1 status: O Yes O No							
Is this student in good acader	,		O No				
SEVIS ID number:	Last	term of full-time enrollmer	nt:				
Has this student been granted	d on-campus employment:	O Yes O No	Off-campus employmer	nt: O Yes O No			
Please Print Clearly.							
Name and Title of DSO:							
Name of Institution:		Address:	Street				
Telephone:	Eav.			City	State Zip		
Signature of DSO:		Date://					

Once completed, please submit all the required materials to the campus you plan to attend:

Northeast Iowa Community College

Attn: Admissions Office 8342 NICC Drive Peosta, IA 52068 Fax: 563.557.0347

Northeast Iowa Community College

Attn: Admissions Office 1625 Hwy 150 South P.O. Box 400 Calmar, IA 52132

Fax: 563.562.4369

