



B R I S T O L C O M M U N I T Y C O L L E G E

Fall River ■ New Bedford ■ Attleboro ■ Taunton ■ eLearning

777 ELSBREE STREET, FALL RIVER, MA 02720 • 508.678.2811 • BRISTOLCC.EDU

F-1 Student Transfer Verification Form

Part 1 – To be completed by student

If you are currently enrolled in or recently graduated from a college, university or high school in the United States, or you are completing a period of Optional Practical Training or Academic Training, you must notify your current school's International Student Advisor of your intent to transfer by completing BCC's Transfer Verification Form.

To initiate your transfer, complete Part 1 of this form. Then, ask your current institution's International Student Advisor to fill in Part 2. When the form is complete include it with your admissions application and return it to the Admissions Office at Bristol Community College.

Student's Name: _____

Address: _____

Phone: _____ E-mail: _____

Date of Birth (mm/dd/yyyy): _____ Country of Birth: _____

Date you expect to begin at Bristol College (mm/dd/yyyy): _____

Name of U.S. institution currently attending: _____

I verify that the above information is correct. I hereby authorize my current Designated School Official or Responsible/Alternate Responsible Officer to provide the information requested by Bristol Community College in Part 2 of this form.

Student Signature

Date



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F-1 Student Transfer Verification Form

Part 2 – To be completed by International Student Advisor

In compliance with F-1 regulations, we request confirmation of this student’s non-immigrant status before approving a transfer to Bristol Community College. Please complete this form as soon as possible. Sign and seal in a school envelope and return the form to the student. Alternatively, you may email the completed form to admissions@bristolcc.edu.

Student Information

- 1. Student’s Name: _____ Date of Birth: _____
- 2. Student’s date of initial entry to the U.S.: _____
- 3. Is the student currently registered in SEVIS? Yes No
 If yes, is the student listed as “Transfer Out”? Yes No
 SEVIS release date or scheduled date if in future (mm/dd/yyyy): _____
- 4. Student’s SEVIS ID number: _____
- 5. Student’s program level: Secondary Associate Bachelor Master Other _____
- 6. Was this student pursuing a full course of study at your institution? Yes No
 If no, please explain: _____
- 7. Has the student maintained lawful non-immigrant status? Yes No
 If no, please explain: _____
- 8. Has the student met his/her financial obligations to your institution? Yes No
 If no, please explain: _____
- 8. Date of graduation or completion of study (mm/dd/yyyy): _____
- 9. Please list any periods of Practical or Academic Training:
 CPT OPT Academic Training – Dates: _____

School Information

- Institution Name: _____
- Institution Address: _____
- SEVIS School Code: _____
- Advisor’s Name and Title: _____
- Phone: _____ E-mail: _____
- Date: _____ Advisor’s Signature: _____