



TRANSFER ELIGIBILITY FORM: I-20

I. STUDENT INFORMATION: To be completed by the student

If you are applying to transfer to ICC from a high school, college or university in the U.S., you must complete PART I of this form and submit it to the Designated School Official/International Student Advisor of the institution that issued your current I-20.

Name: _____
 Last/Family/Surname First/Given Name Middle Name

ICC ID Number ID Number at Current College/University Home or Cell Phone Number

Date of Birth MM/DD/YYYY Country of Citizenship Personal Email Address

I intend to transfer to ICC for the Semester/Year: Fall Spring Summer Year: _____

I hereby request and authorize the Designated School Official or International Student Advisor to verify the above information and to provide the additional information requested below.

Date: _____ Signature: _____
 MM/DD/YYYY

II. DSO INFORMATION: To be completed by DSO/International Advisor

Please complete Section II and return form by fax to : (620) 331- 5344 or email to: admissions@indycc.edu

Student SEVIS ID Number Specific Release Date

This student is in good standing and is/was enrolled in a full course of study until (Date): _____

This student is out of status and must file for reinstatement to student status.

This student has received **practical training**. Time: Full Part Type: Optional Curricular
 Program Level & Dates _____

This student has previously been granted a **reduced course load**. Dates: _____
 Reason: _____

This student transferred to your institution from another institution in the United States.

This student has dependents. Number of dependents: _____

Other Comments: _____

As DSO, I verify the information above is accurate to the best of my knowledge.

DSO's/International Advisor Signature Print Name Title

Date: MM/DD/YYYY Fax Phone E-mail

School Name School Address