



Form FSA-5

International Student Transfer Report

PART I (To be completed by the student)

Please ask your International Student Advisor at the college or university in the US at which you are/were most recently enrolled to complete this report.

Name Mr. Ms. Mr. _____
Family Name Given Name

Birth Date (mm/dd/yyyy) _____

Current I-20 ID/I-94 Admission # _____

I intend to transfer to Clinton Community College for the _____ semester /year. I hereby grant permission for the information requested to be made available to Clinton Community College.

Student's Signature: _____ Date: _____

PART II: (To be completed by the Designated School Official (DSO):

Please complete the information requested below as it pertains to the student mentioned above. Please return the completed form to the address listed below.

What type of Visa is the applicant holding? _____

Is/was this student authorized by BCIS to attend your institution? Yes No

Was the student registered for full-time during each semester of attendance? Yes No

Has the student maintained lawful status during the period of study at your school? Yes No

Has the student been granted Curricular or Optional Practical Training? Yes No

Did the student complete a course of study at your school? Yes No If yes, what date? _____

If you deem it necessary, feel free to attach any additional explanatory comments to this form.

Name of DSO/PDSO: _____ Signature _____

Name of Institution: _____

Address of Institution _____

Phone Number: _____ Date: _____

Please return form to:

Admissions

Clinton Community College **SEVIS ID: BUF214F00483000**

46 Beekman Street

Plattsburgh, NY 12901

Fax: 518-562-4373

Phone: 518-562-4170

Email: admissions@clinton.edu