

# Jefferson College International Student Transfer Supplemental Form

## Instructions to the Student

Before processing the forms necessary for a student to transfer to another school, Immigration regulations required the Designated School Official at the proposed school to determine whether or not an applicant is in status at their current school.

Please sign and date this form in **Section I: Student Release**. This gives the current Designated School Official permission to provide Jefferson College with this information confidentially.

**Take this signed form to your current Designated School Official (DSO). Inform your DSO of your intent to transfer to Jefferson College. Ask the DSO to complete Section II: Transfer Recommendation.** Ask your DSO to return the form directly to the Office of Admissions at Jefferson College so that the transfer procedures can be initiated.

The information requested on this form is required in order to complete your admission process and must be provided by the proper school official at your current school. It will not be possible for you to obtain an I-20 from Jefferson College or to enroll in classes until this form is completed and returned.

### Section I: Student Release

By my signature below, I give permission for my current Designated School Official to provide the information requested to Jefferson College and release my right to access of this information.

\_\_\_\_\_  
Student's Name (**please print**)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### Section II: Transfer Recommendation

**To the Designated School Official:** All information on this form will remain confidential and be used only in conjunction with the student's application for admission to Jefferson College.

Type of Visa \_\_\_\_\_ Admission Number (I-94) \_\_\_\_\_

SEVIS Number \_\_\_\_\_ SEVIS Release Date \_\_\_\_\_

Dates of attendance at your institution: From \_\_\_\_\_ to \_\_\_\_\_

Was this student taking an English Language program? Yes \_\_\_ No \_\_\_ If yes, what level did this student complete?  
\_\_\_\_\_

Is this student in good standing (academic and with INS) and attending full time? Yes \_\_\_ No \_\_\_ If no, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge, has this student settled all financial obligations to your institution? Yes \_\_\_ No \_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
Name of Designated School Official (**please print**)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Designated School Official

\_\_\_\_\_  
Date

Please return completed form to: Stacy Dean, Jefferson College, 1000 Viking Drive, Hillsboro, MO 63050  
Phone: (636) 797-3000, ext. 216 Fax: (636) 789-5103 e-mail: sdean1@jeffco.edu web: www.jeffco.edu