SAN JACINTO COLLEGE
Your Goals. Your College.

SEVIS
Transfer-In Release Form

☐ **South Campus**
SEVIS ID:
HOU214F00502000

☐ **Central Campus**
SEVIS ID:
HOU214F00160000

☐ **North Campus**
SEVIS ID:
HOU214F00504000

TO THE STUDENT

To process your request for an I-20 form, we must receive a status report from your current school's International Student Advisor. Please complete the top section of the form, then give or mail the form to your current advisor to be completed.

- **Do not forget to mark what campus you plan on attending at the top of this form**.
- The completed form must be mailed or faxed to the campus you plan on attending.
- Your SEVIS record will not be released until you provide a letter of acceptance from your current school.

I give permission for the information requested below to be sent to San Jacinto Community College District.

_____

Last name (Family) First Middle

_____

Student ID # (G#) *Signature* Date

Semester intended to transfer to San Jacinto Community College District:
Fall _____ Spring _____ Summer _____ Year _____

Dear International Student Advisor:

The student named above has applied for transfer admission to San Jacinto Community College District. Your assistance is requested in determining the student's eligibility to transfer. Please supply the following information.

1. Student's SEVIS #_____
2. Dates of last enrollment at your institution: From _____ To _____
3. Is the student eligible to continue at your institution? (If not, please explain in #9)
   Yes_____ No_____
4. Has the student met all financial obligations to your institution? Yes_____ No_____
5. According to your knowledge, is the student currently in status with USCIS? (If not, please explain in #9)
   Yes_____ No_____
6. What practical training has the student used?
   Curricular: _____ Optional: _____
7. Any authorized reduction in student's course load (i.e. medical, academic difficulties):
   _____
8. SEVIS release date of student: _____
9. We would appreciate any other information, which you feel would be helpful. Thank you.

_____

Transfer Out Institution: _____

PDSO/DSO Name: _____ Phone: _____

Email: _____ Fax:_____

PDSO/DSO Signature: _____ Date: _____

If you have any questions, please contact the International Counselor at the Campus the student plans on attending:

San Jacinto College South

Bernadina Streeter, M.S., DSO
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San Jacinto College Central

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San Jacinto College North

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