



VISA TRANSFER FORM  
(Please Print Clearly)

**TO BE COMPLETED BY THE TRANSFERRING STUDENT**

1. Family Name \_\_\_\_\_ Given Name: \_\_\_\_\_
2. Term for which you are applying at CCC: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year \_\_\_\_\_
3. Degree sought: \_\_\_\_\_ Program of Study: \_\_\_\_\_

I authorize my current international student advisor to verify the above information and to provide the additional information requested below to CCC.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR**

The student named above has notified us of his/her intent to transfer to CCC. Please answer the following questions so that we may complete the transfer process. Thank you for your assistance.

1. Student's INS Admission Number: \_\_\_\_\_ Visa Type: \_\_\_\_\_
2. Date of birth: month \_\_\_\_\_ day \_\_\_\_\_ yr \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_
3. (        ) Student is in status according to immigration regulations and eligible for transfer.
4. (        ) Student is not in status for the following reasons:  
(        ) Not registered for full course study as appropriate  
(        ) Unauthorized employment  
(        ) Other, please explain: \_\_\_\_\_
5. Has reinstatement been applied for?            **Y**        **N**        If so, when:        mo \_\_\_\_\_ day \_\_\_\_\_ yr \_\_\_\_\_
6. Reinstatement filed at which INS office? \_\_\_\_\_
7. Original I-20 was issued for level of study: \_\_\_\_\_ Completion date: mo \_\_\_\_\_ day \_\_\_\_\_ yr \_\_\_\_\_
8. Comments: \_\_\_\_\_

ISSS Advisor's Name and Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Date \_\_\_\_\_ Institution Address: \_\_\_\_\_

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

Please enclose a copy of the student's I-20 and I-94 card if available.

Please return this form to: Kelly Diego

Admissions Representative  
Primary Designated School Officer  
Cayuga Community College  
315-294-8471  
kelly.diego@cayuga-cc.edu