

OFFICE OF INTERNATIONAL EDUCATION IEP Transfer-in Form

Transfer students must have their previous school complete this form. SEVIS NAME: College of Marin-Indian Valley Campus Code: SFR214F00953001 To the International Student Advisor: Please complete the following form and return it to our office to facilitate the student's transfer to the College of Marin Intensive English Program. Student Name: Student has been entered on SEVIS? ☐ Yes No SEVIS ID #: ______SEVIS RELEASE DATE ______ The above named student: ☐ Is taking a full-time course of study at this school and the expected date of completion of his/her studies is _____ ☐ Was registered as a full-time student at this school from ______ to _____ ☐ Did not complete the course of study but terminated attendance on (date) _____ ■ Never attended this school To the best of your knowledge, has the above named student met all obligations to the Immigration and Naturalization Service? ☐ Yes ☐ No If no, please explain: Comments: Name of Institution:_____ Name of Designated School Official: Signature of Designated Official:_____ Please send completed form to: Brier Welch Phone: 415.457.8811 ext. 7740

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