

Transfer students must have their previous school complete this form.

SEVIS NAME: College of Marin-College of Marin. Code: SFR214F00609000

To the international student advisor: Please complete the following form and return it to our office to facilitate the student's transfer to College of Marin. Thank you for your help.

STUDENT'S 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: _____

ADDRESS: _____

TELEPHONE NUMBER: () _____ EMAIL: _____

DESIGNATED SCHOOL OFFICIAL (Please Print) _____
NAME TITLE

SIGNATURE OF DESIGNATED SCHOOL OFFICIAL _____
NAME DATE

PLEASE SEND COMPLETED FORM TO:

Joan Paulino or Marixa Barnett
Office of Enrollment Services
835 College Avenue
College of Marin
Kentfield, CA 94904

Fax: 415.460.0773
Email: jpaulino@marin.edu
mbarnett@marin.edu