Transfer-In Notification Form

(Midland College: SEVIS Code - ELP214F00112000)

Please complete Section I of this form and have Section II completed by the International Student Advisor at the school you currently attend or have previously attended. Please call the MC International Office at 432-685-5523 with any questions.

I – PERSONAL INFORMATION AND STUDENT SIGNATURE (to be completed by the applicant)

Last or Family Name: ___________________________ First or Given Name: ___________________________

Address: ____________________________________________ Email: ________________________________

MC ID: ___________________________ Semester/Year you will begin study at MC: Fall_____ Spring_____ Year: _______

Email: ______________________________________________________________________________________

“I give permission for any personal and academic information to be released to MC”

Signature of Student: ___________________________ Date: ___________________________

ATTENTION STUDENT AUTHORIZED FOR OPTIONAL PRACTICAL TRAINING:

Please be aware that transferring your SEVIS record during a period of authorized Optional Practical Training (OPT) will cancel your employment authorization as of the SEVIS release date (the date that the release of your SEVIS record by your previous school become effective). If you are authorized for OPT and wish to use any OPT that will occur prior to your start date at MC, please request that your previous school use a release date that occurs after completion of your OPT, but prior to your scheduled start date at MC.

II – TRANSFER OUT INSTITUTION (to be completed by the International Student Advisor (DSO) at the student’s current/previous institution/college)

The above-name student has been admitted to MC. In accordance with pertinent immigration regulations, we request that you confirm his/her status at your institution so that we may process a transfer to SEVIS.

The above-named student: _____currently attends _____last attended _____never attended

Name of Institution: __________________________________________________________________________

From (month/day/year): ___________________________ To (month/day/year): ___________________________

What is the student’s nonimmigrant status? _____ Is the student eligible for transfer? _____Yes _____No

Has the student been authorized for Optional Practical or Academic Training? _____Yes _____No

If yes, please list which type and the dates authorized: ______________________________________________________________________________________

SEVIS ID Number: ___________________________ Expected SEVIS Transfer Release Date (MM/DD/YYYY): ___________________________

Comments: __________________________________________________________________________________

(please use back if needed).

International Student Advisor Signature: __________________________________________________________________________

International Student Advisor Name (printed): __________________________________________________________________________

Telephone Number: ______________________________________________________________________________________

Email: ______________________________________________________________________________________ Date: ___________________________

Please return form mail or email to: MC International Office, 3600 N Garfield, Midland, Texas 79705 or imartinez@midland.edu

*This is not a letter of acceptance. It is a check of the student’s status.