OFFICE OF INTERNATIONAL STUDENT SERVICES NASSAU COMMUNITY COLLEGE TRANSFER VERIFICATION FORM

Welcome to Nassau Community College! Federal regulations governing students in F status require our office to verify your F1 status from the international student advisor of the school you were last authorized to attend. Please complete Part I and then submit it to your International Student Advisor at your current school for completion of Part II.

PART I: To be completed by student.

| Name: | | | | |
|---|---|-------------------|-----------------|--------------------|
| Last/Family | First | Middle | | |
| Home address | | City | State | Zip Code |
| Phone Number () | E-mail add | lress | | |
| Semester you intend to transfer to Nas | sau Community College | Fall or Spring | /Yea | |
| Student Signature | | | | |
| Student Signature(Your signature above indicates that | nt you have authorized the release of | this information) | | |
| PART II: To be completed by th | ne International Studer | nt Advisor o | or Designate | ed School Official |
| at your current School | | | | |
| SEVIS ID NUMBER: N | Degree | e / Major | | |
| Yes No | | | | |
| □ □ Did the Student Complete | e the program for which the I- m To | | | |
| | 1 status eligible to transfer? | | - | |
| If the student is not in lawful F-1 status | , please explain: | | | |
| | | | | |
| Please DO NOT r | elease COMPLETED or TERMI | INATED I-20 u | nless requester | 1. |
| The Sevis release date for the student i (We are listed under "State University of | S | | | |
| | | | | |
| Name of School Official / | Fitle | | Signature | |
| () (|) | | | |
| Phone Number | Fax Number | E | -mail Address o | of School Official |
| School Name & Address | | | | |
| | E-Mail or Fax This Forn Office of International Stude | | | |
| | nunity College, One Education D off@ncc.edu Fax: 516-572-005 | | - | |
| E-mail: Isa | Unence.cuu Fax. 510-572-005 | 2 FIIOIIG: 210- | 572-7033 | |