Transfer Clearance Form

MCC – Penn Valley
International Student Services
3201 Southwest Trafficway
Kansas City, MO 64111 USA
iss@mcckc.edu
Phone (816) 604-4683

Complete only if you have attended another University, College or Language School in the United States.

Please complete the top section of this form and then give it to the International Student Advisor at the U.S. institution you currently attend.

To Be Completed by the Student

Name: ____________________________________________________________
Family (surname)            First                  Middle
Address: __________________________________________________________
Number and Street Apartment   City                  State                 Zip Code
E-mail address: ________________ Phone Number ________________ Date of Birth: ________________
Country issuing passport: ________________ Country of birth: ________________
Semester you plan to start: ________________ Current School: ________________ Program of study: ________________

I hereby request and give permission for the information below to be released to Metropolitan Community College.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Student’s Signature: ________________ Date: ________________

To Be Completed by Designated School Official

Release Date: __________________________ Please do not release student until you received an acceptance letter from MCCKC SEVIS
School Code KAN214F00422000.
SEVIS Number: N________________________ Current I-20 dates: Beginning ________________ Ending ________________
____ Student is in good standing and is considered in status and eligible for transfer.
____ Student has been on CPT or OPT Yes ______ No Dates of employment: __________________________
____ Student is out of status and needs to apply for reinstatement. __________________________

________________________________________________________________________

Name of Institution: ______________________________________ Telephone: ________________ Email: ________________

________________________________________________________________________

Name/Title of DSO: ______________________ Signature: ________________ Date: ________________

Return to: MCC – Penn Valley
Email: iss@mcckc.edu