



International and Immigrant Student Services



12345 College Blvd.
Overland Park, KS 66210-1299
913-469-7680
Fax: 913-469-7681
iiss@jccc.edu
www.jccc.edu/admissions/international

Transfer-In Form Requesting I-20 Transfer to JCCC

To be eligible to transfer to JCCC, you **MUST** have maintained F-1 legal status at your previous institution. If you are applying to transfer to JCCC from a high school, college or university in the U.S. you must complete part I of this form. The international student advisor or DSO at your current school needs to complete part II of the form. Then email the completed form to iiss@jccc.edu or fax it to 913-469-7681

PART I: TO BE COMPLETED BY STUDENT

Last/Family Name	First Name
------------------	------------

Street address (number and name of street)	City	State	Zip Code
--	------	-------	----------

Current College ID #: _____ JCCC ID #: _____ JCCC email address: _____

Phone#: _____ Date of Birth: _____
MM/DD/YYYY

I intend to transfer to JCCC for the Semester/Year: Fall: _____ Spring: _____ Summer: _____ Year: _____

Will you travel outside the U.S. between attendance at the two schools? Yes: _____ No: _____

If yes, please provide your travel dates: _____

I hereby give permission for the information below to be released to Johnson County Community College.

Signature	Date MM/DD/YYYY
-----------	-----------------

PART II: TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR AT CURRENT SCHOOL

The student named above has applied for admission to JCCC. We would appreciate your cooperation in responding to the following questions to determine his/her eligibility to transfer.

Please do not release the student's SEVIS record until JCCC admission has been granted.

SEVIS ID#: _____ Transfer Release Date: _____

Has the student maintained valid F-1 status while attending your institution? Yes: _____ No: _____
If no, please explain: _____

Did the student receive approval for RCL? Yes: _____ No: _____
If yes, what was the reason (s): RCL- Medical _____ RCL- Academic _____ for how long? _____

Did the student receive any practical training? Yes: _____ No: _____ CPT _____ OPT _____ dates: _____

Any additional remarks: _____

Name of School	Phone Number
----------------	--------------

DSO/INTL Advisor Printed Name, Title	Signature
--------------------------------------	-----------

Email Address	Date
---------------	------