



Enrollment Services
 PO Box 967
 Roseburg, Oregon 97470
 541.440.4662 | Fax 541.440.7713
Admissions@umpqua.edu

Notice of Intent to Transfer

If you are on an F-1 visa, and are requesting to Umpqua Community College from another U.S. institution AND have remained in the United States since that transfer, please provide the following information.

We will not be able to process your immigration document until this form is returned and you may encounter severe difficulties with your immigration status.

Section 1- To Be Completed by Student

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH ____/____/____ PHONE: (____) _____ - _____ E-mail _____
Month Day Year

I authorize a school official at my prior/current school to provide Umpqua Community College with the information requested below.

Signature _____ Date _____

Section 1- To Be Completed by International Student Advisor/PDSO or DSO

NOTE: This form is required as part of the application process to verify student's F-1 immigration status. This form is only for information purposes. We are not requesting that the SEVIS record be transferred at this time.

Student's SEVIS ID Number: _____ Dates of Attendance: ____/____/____ to ____/____/____

Is the student's SEVIS record currently active Yes No

Is the student in status with respect to F-1 immigration regulations? Yes No

If no, please explain circumstances: _____

Has this student been approved for part-time enrollment in the past? Yes No

If yes, please list approval reasons: Academic (Term/Dates) _____

Medical (Term/Dates) _____

Other _____

Last authorized vacation term ____/____/____ to ____/____/____

Has this student ever been granted practical training? Yes No

If yes, please indicate type and dates: _____

If admitted to UCC, what will be the SEVIS release date? _____

*Please do not transfer a student that has been terminated or completed in SEVIS.

Must apply for reinstatement - over 5 months since last attendance

SEVIS School Code: Umpqua Community College - POO 214F00199000

Name of institution: _____

Address of institution: _____

Name and Title: _____

Phone: _____ Email: _____ Fax: _____

School Official Signature _____ Date _____