

SADDLEBACK COLLEGE

International Student Office
28000 Marguerite Pkwy, Admissions & Records Room SSC #104
Mission Viejo, CA 92692
949-582-4637
949-582-4800 FAX

TRANSFER / CONFIRMATION OF STATUS FORM

All applicants who currently hold an F-1 Visa and wish to apply to Saddleback College must present this form for completion and signature by the last authorized school attended.

Name: _____

Family Name

First

Middle Name/Initial

Social Security# _____

Birthdate _____

Dear International Student Advisor:

This form is to verify that the above named student has applied for admission to Saddleback College. To comply with the United States Immigration and Customs Enforcement federal regulations, SEVIS processes & Saddleback College international student admission policies please complete the following information:

Name of Institution: _____

Address: _____

City

Zip code

Phone _____

Fax _____

Email address _____

SEVIS Approved School certification code: _____

214F

Student SEVIS File No: _____

Dates of Attendance: From: _____ **to** _____
(Term) month/day/year (Term) month/day/year

Please check: (if applicable)

- This student has maintained academic and immigration status.
- According to U.S. Immigration & Customs Enforcement, this student is eligible to transfer.
- The student has met all financial responsibilities.
- Student is currently out of status and reinstatement is required.

Comments: _____

Name: _____ **Title:** _____

Signature: _____ **School Seal:** _____

