

# 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:** \_\_\_\_\_

