



# Transfer Authorization Form

Mission College • International Student Center  
School Code SFR214F01137000

Date received:

**Students:** Please complete the Section I of this form and have Section II completed by the International Student Advisor/DSO at the school you currently attend. *We cannot release an acceptance letter or complete your transfer process until we receive this complete form.*

### Section I: To be completed by student

Name: \_\_\_\_\_ Current School ID: \_\_\_\_\_  
Last/Family Name First Name

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
mm/dd/yyyy (xxx) xxx-xxxx

US Address: \_\_\_\_\_  
Street City State Zip Code

Program at Mission College: \_\_\_\_\_ Term: \_\_\_\_\_ MC Student ID: \_\_\_\_\_  
IIS/MC/Both Spring/Summer/Fall

**Please read and sign: I give permission to the school listed in Section II to release the information necessary to complete my SEVIS I-20 transfer to Mission College.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section II: To be complete by the DSO/Advisor at current school

Please provide the information below about the above named student, to the best of your knowledge:

- Institution Name/Address: \_\_\_\_\_
- School SEVIS Code: \_\_\_\_\_ Student's SEVIS ID: N \_\_\_\_\_
- Current SEVIS Status:  Active  Terminated (*Do not transfer if student is in terminated status*)
- SEVIS Release/Transfer-Out Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR  Upon proof of acceptance  
*(Please release within 60 days of program end date)*
- Did student participate in OPT/CPT/Economic Necessity employment?  
 YES, type(s), education level, dates and duration: \_\_\_\_\_  NO
- Was student authorized Reduced Course Load?  
 YES, type(s), education level, dates and duration: \_\_\_\_\_  NO
- Will this student complete his/her current program of study?  
 YES, anticipated date of program completion: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 NO, currently attending *or* last date of attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Transfer record to **Mission College**, School Code: **SFR214F01137000**

DSO Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

DSO Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**DSO, please return by mail to the address below, or FAX to (408) 727-6043.**  
**Mission College/International Student Center, MS#13**  
**3000 Mission College Blvd., Santa Clara, CA 95054**  
**Phone: (408) 855-5110 Fax: (408) 727-6043**