OFFICE OF INTERNATIONAL PROGRAMS
Otero Junior College
1802 Colorado Avenue
La Junta, CO 81050-3346
(719) 384-6805 • Fax (719) 384-6935
www.international@ojc.edu

TRANSFER FORM

Please sign your name below and give this form to your international student adviser at the school you now attend or most recently attended OR if emailing this please type your initials as your signature.

I grant permission for the information requested below to be released to Otero Junior College

_____ _____ _____
Print name Signature of Applicant Date

In your most recent/current semester, were you enrolled in Academic coursed, English language or both?

□ Academic courses □ English language courses □ Both

To: ISA/DSO:

The above named student has been admitted to Otero Junior College. In compliance with USCIS regulations, we request confirmation of his/her status at your institution before approving transfer to Otero Junior College. Please complete the following and return to Otero Junior College via fax or postal mail:

Fax number: 719.384.6935

Office of International Programs & Services
Otero Junior College
1802orado Avenue
La Junta, CO 81050-3346

1. Current Immigration Status:
   - □ F-1 Completion Date I-20 _____ I-94#: __ __ __-__ __ __ __ __ __ __ __
   - □ J-1 Ending date of DS-2019 _____ Sponsored by _____
     Exchange visitor Program # _____ Category _____

2. Please check one of the following:
   - □ The student is in good standing and is/has been pursuing a full course study (or has already been reinstated)
   - □ The student is out of status, and we will advise him/her to apply for reinstatement upon receipt of a new I-20 from Otero Junior College.
   - □ Other_____

Date of last attendance at your school:_____

Transfer Release Date: _____ (Release to Otero Junior College School Code: DEN214F00196000)

Please indicate the dates of any practical training (curricular, optional, academic) in which the student had participated:

Curricular _____

Optional _____

Academic _____

_____ _____
Name and Title of designated School Official completing this form Name of Institution

_____ _____
Signature Telephone number

_____ _____
Address E-mail address