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

<table>
<thead>
<tr>
<th>Print name</th>
<th>Signature of Applicant</th>
<th>Date</th>
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In your most recent/current semester, were you enrolled in Academic courses, 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 INS 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: 719.384.6933

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 to status by INS.)
   - [ ] The student is out of status, and we will advise him/her to apply for reinstatement upon receipt of a new I-20AB from Otero Junior College.
   - [ ] Other __________________________________________________________________________

3. Date of last attendance at your school: ________________________________

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

   Dates:
   - Curricular __________________________________________________________________________
   - Optional __________________________________________________________________________
   - Academic __________________________________________________________________________

Name and Title of designated School Official completing this form

_________________________ __________________________
Signature         Telephone number

_________________________ __________________________
Address       E-mail address