

## International Student Transfer Questionnaire

This form is only required if you are transferring from	a high school or college within the United St	ates.
Student Name: (please print)		
I authorize my current advisor and school to provinformation pertinent to my academic record and		vell as any other
Student signature (require	ed)	Date
To be completed by your current Internation	al Student Advisor or Designated Scho	ol Official:
1. How long has this student been attending you	r institution?	
2. Does your institution require a minimum TOE	FL or IELTS score as part of the admissions	s criteria?
Yes No If yes, what is the minimum	score?	
3. Has this student maintained legal status in SEV If no, please explain the circumstances	~ <i>,</i>	Yes No
4. Has this student been authorized for practical to the last of t		
5. Do you recommend this student for transfer to If no, please explain		No
Advisor/DSO Name (print)	Phone	
Advisor/DSO Signature	Title	Date
College/University	City	State
	SEVIS Release date	

Please transfer the student's record once they have satisfied the requirements of your institution's transfer request process and given you a copy of their acceptance letter from Clackamas Community College. Clackamas Community College – POO214F00219000

Please return to: international@clackamas.edu

**Questions?** Please email international@clackamas.edu or call 503-594-6074