



TRANSFER-IN FORM

(ONLY IF CURRENTLY ATTENDING A U.S. COLLEGE OR UNIVERSITY)

Once completed, this form should be sent to the International Services Office
at Tallahassee Community College (iss@tcc.fl.edu)

PART ONE: This section must be complete by student.

If you are transferring from another institution in the United States and are currently holding an F-1 visa, you must fill out the top section of this form and have your current school fill out the bottom section. This form is necessary to complete your enrollment at Tallahassee Community College. **Please print or type.**

_____	_____	_____
Last Name	First Name	Middle Name
Name of Transferring Institution: _____		
Address of Transferring Institution: _____		
_____	_____	_____
City	State	Zip Code

I intend to transfer to Tallahassee Community College beginning in (Indicate term and year)
_____ Fall _____ Spring _____ Summer Year: 20 _____

Tallahassee Community College school code is: MIA214F00359000

PART TWO: This section to be completed by Designated School Official (DSO) .

This student is in status with USCIS and is eligible to transfer from this institution to another: _____ Yes _____ No

Comments:

SEVIS Number : _____

Student's Admission Number (I-94), If available: _____

Indicate the last date of attendance at your institution : _____/_____/_____ (mm/dd/yyyy)

Name of Institution: _____

Mailing Address: _____

City State Zip Code

Phone: () - - Fax: () - - Email: _____

Name of Designated School Official: _____

Title: _____

Signature: _____ Date: _____/_____/_____