



FOLSOM LAKE COLLEGE TRANSFER FORM

A

STUDENT: PLEASE COMPLETE PART A

Family Name (Surname)	
First (given) Name	
Country of Birth	Date of Birth (mo/day/year)
Country of Citizenship	Student I.D.
Email	Phone

B

International Student Advisor: Please complete this part and fax to 916-608-6569 or mail.

School Name	
Address	
DSO Name	Phone Number
DSO Signature	Email

1. When did this student begin at your institution? _____
2. Has this student maintained status and is eligible for transfer? _____
3. What is the SEVIS release date? _____
4. What is the SEVIS I.D.? _____
5. Comments? _____