



# 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? \_\_\_\_\_