RCTC International Student F-1 Visa Holder Transfer Authorization

As required by U.S. Citizenship and Immigration Services (USCIS), Rochester Community and Technical College (RCTC) requires the following information to properly transfer F-1 Visa holders and maintain their “in status” standing. RCTC will finalize the transfer soon after the admission process is complete and the student is registered for course work.

This form has two parts. Part I must be completed by the F-1 Visa student. Part II must be completed by the International student adviser at the college the student currently attends.

Part I: To be completed by International Student F-1 Visa Holder

Name: ______________________________________________________________

First   Middle   Family Name

Birth date  _____  ______ ______    Country Issuing Passport  __________________

Month             Day          Year

Part II: To be completed by current College/University International Student Advisor or DSO

The student listed above has applied to RCTC. As per CIS regulations and RCTC policy, we must determine the status of the student prior to admission. We will need the information below to complete the transfer process and admission.

Please complete and send (or FAX) this form directly to
Glen Saponari
RCTC Advising
851 30 Ave SE
Rochester MN 55904-4999
Office number: 507-280-5511  FAX 507-280-2956

Please identify the following: ( ) Student is leaving in-status   ( ) Student is leaving out-of-status.

Release date from your institution to RCTC: ____________________.

During the preceding term at your institution:

(  ) Student attended full-time course of study.      (  ) Student attended less than full-time course of study.

Student’s initial date of attendance at our institution was ________________________________.

Student’s last date of attendance at our institution was ________________________________.

Student’s SEVIS I-20 no.______________, I-94 admission no.______________.

Name of individual completing form ____________________________    Title ____________________________

Institution ____________________________    Address ____________________________

Signature ____________________________    (Date) ____________________________

Seal or Stamp ____________________________