



**Walla Walla Community College**  
**International Student Program**  
 SEA214F10083000 SEVIS Code

500 Tausick Way, Walla Walla, WA 99362  
 Phone (509) 522-4282 FAX (509) 527-3661  
[international@wwcc.edu](mailto:international@wwcc.edu)

### Transfer-in Status Verification Form

*This form is not a letter of acceptance.* It is used to collect and verify student information.

- Complete the student section of this form, then ask your advisor or designated school official (DSO) to fill out the other section. Your advisor will send this form directly to Walla Walla Community College (WWCC).
- Request that your current school release your SEVIS (immigration) record to WWCC. Ask your advisor what documentation is needed.

**To be completed by STUDENT:**

Last Name:	First Name:
Student ID # at current/previous US school:	WWCC ID#:
First Academic Term at WWCC	Email address:
Do you plan to travel outside the US before beginning your Program at WWCC? <b>Please circle one: Yes No</b> If yes, please give departure and return dates:	<i>"I authorize my current/previous school to provide WWCC with the information below. It is my intention to transfer to WWCC."</i>
Signature:	Date:

**To be completed by the INTERNATIONAL STUDENT DSO at the current/previous US school:**

1. Based on the records of this office, it appears that the above named student: <input type="radio"/> is "maintaining status" and <input type="radio"/> is/was "pursuing a full course of study." <input type="radio"/> is <i>not</i> "maintaining status" <input type="radio"/> is <i>not/was not</i> "pursuing a full course of study."	
2. The student's last date of attendance at this school under F-1 status is/was) ____/____/____.	
3. List all periods and reasons for reduced course load the student was previously authorized for, i.e., medical leave, leave of absence, medical leave: _____	
4. List all periods of previously authorized employment the student engaged in OPT and/or CPT: _____	
5. If the student is in SEVIS, please provide the following: Student's Transfer Release Date in SEVIS ____/____/____ SEVIS ID# _____	
6. Any other issues we should be aware of? _____	
School Official's Name:	Title:
Email:	Telephone:
Signature:	Date:

Please EMAIL or FAX the completed form to the WWCC address/fax number at the top of this form.