

REQUEST FOR F-1 TRANSFER INFORMATION

ATTENTION APPLICANT: Only F-1 transfer students in the U.S. need to complete this form. Please submit this form to the last U.S. institution you attended.

ATTENTION DSO -- PLEASE RETURN THIS COMPLETED FORM TO:

Admissions Office
MANHATTAN CHRISTIAN COLLEGE
1415 Anderson Ave., Manhattan, KS 66502-4081
(877) 246-4622 FAX: 785-776-9251 / E-mail: admit@mccks.edu
Web: www.mccks.edu/admissions/international.html

PART I: TO BE COMPLETED BY THE F-1 TRANSFER STUDENT

Dear Foreign Student Advisor / DSO:

This is to inform you that I intend to transfer to Manhattan Christian College in the _____ (e.g. Fall, Spring, Summer) semester of the year _____ (e.g. 2011, 2012, etc.). By my signature below I authorize you to release the information requested below to Manhattan Christian College. Please complete the information and return it directly to the above address as soon as possible. Thank you.

Name (printed) _____
(Last / Surname) (First) (Middle)
Signature of Student _____ Date: _____

PART II: TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL

INS Admission Number of Student: _____

_____ The student is in lawful F-1 status according to INS regulations.

_____ The student is not in lawful F-1 status according to INS regulations in my records for the following reason(s): (use back of form if more space is needed for explanation)

(Note: I am enclosing information I have available that would be helpful in a reinstatement application.)

The student was last enrolled in the _____ semester (e.g. Fall, Spring, etc.) of the year _____ (e.g. 2011, 2012, etc.).

The student has been authorized the following Practical Training benefits:

OPTIONAL: *Full-time:* _____ months _____ days *Part-time:* _____ months _____ days
CURRICULAR: *Full-time:* _____ months _____ days

Signature of DSO _____ Date: _____

Name (printed) _____ Phone: _____

Title and School _____