



Admissions Office • 1415 Anderson Ave.
Manhattan, Kansas, USA 66502-4081
P. 785.539.3571 • F. 785.776.9251
admit@mcccks.edu • www.mcccks.edu

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
P. 785.539.3571 | F. 785-776-9251 | admit@mcccks.edu | www.mcccks.edu

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

Dear International 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. 2020, 2021, 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. 2019, 2020, 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) _____ Date: _____
Title and School _____