



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. 2006, 2007, 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. 1999, 2000, 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