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 __________________________________________________________________

(Revised 09/18/2012)