



International Student Admissions
 615 City Park Avenue
 New Orleans, LA 70119
 Phone: (504) 483-4638 Fax: (504) 483-1895
 isa@dcc.edu

INTERNATIONAL STUDENT TRANSFER IN

To the Student: Complete and sign below to initiate your transfer to Delgado Community College. Take this form to the International Student Advisor or an authorized designated school official.

Name: _____ Date of Birth _____
(please print) (mm/dd/yyyy)

I _____, on _____ grant permission for the Information requested below to be forwarded to Delgado Community College.

To the International Student Advisor: The above mentioned student has applied for admissions to Delgado Community College. Provide the information requested below and send this form to the Office of Admission.

- SEVIS# _____ Admission# _____
- Transfer release date in SEVIS: _____
- Dates of attendance: _____
- To the best of my knowledge, has this student maintained compliance with the F-1/M-1 status?
 _____ yes _____ No (if no explain under comments)
- Is this student eligible to continue at your institution?
 _____ Yes _____ No (If no explain under comments)
- Has this student met all financial obligations to your college? _____ Yes _____ No
- Date of expected graduation or end of program: _____
- Authorized periods of Practical Training: _____
- Comments: _____

 Name and Title of Designated School Official
 Completing this Form

 Name and Address of Institution

Email _____ Telephone _____

Signature _____ Date _____