



## F-1 Transfer-In Form

**STUDENT SECTION:** *Please complete this section of the form if you are the student.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CCC Campus: \_\_\_\_\_ Transfer Release Date: \_\_\_\_\_

Travel plans between the last day of study at your current university and your CCC start date, including dates, especially travel outside the U.S.

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**CURRENT SPONSOR SECTION:** *PDSO/DSO at your current school, please complete.*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Is the student currently maintaining lawful F-1 status under regulations? \_\_\_\_\_ YES \_\_\_\_\_ NO

*If not, please explain:*

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Is/was the student pursuing a full course of study? \_\_\_\_\_ YES \_\_\_\_\_ NO

*If not, please explain:*

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Start and end dates of attendance at your institution: \_\_\_\_\_ (mm/dd/yyyy)

If currently enrolled, when will they complete the program/session? \_\_\_\_\_

Please list any periods of Curriculum Practical Training (CPT) and Optional Practical Training (OPT)

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Please comment on any academic, financial, or other issues we should be aware of, or that would help us advise this student:

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\_\_\_\_\_  
PDSO/DSO signature

\_\_\_\_\_  
Date

**Central Community College Campus Codes:**

Columbus: OMA214F00891001

Grand Island: OMA214F00891000

Hastings: OMA214F00891002

Kearney: OMA214F00891004