

International Student Transfer Questionnaire

This form is only required if you are transferring from a high school or college within the United States.

Student Name: (please print) ____

I authorize my current advisor and school to provide the requested information below as well as any other information pertinent to my academic record and international student status.

Student signature (req	uired)	Date
To be completed by your current Internation	onal Student Advisor or Designated Sch	ool Official:
1. How long has this student been attending y	our institution?	
2. Does your institution require a minimum T	DEFL or IELTS score as part of the admissior	ns criteria?
Yes No If yes, what is the minimu	m score?	
3. Has this student maintained legal status in S	EVIS while attending your institution?	Yes No
If no, please explain the circumstances		
4. Has this student been authorized for practice	0	
If yes, in what occupational area and for how 5. Do you recommend this student for transfer		
If no, please explain		
Advisor/DSO Name (print)	Phone	
Advisor/DSO Signature	Title	Date
College/University	City	State

Please transfer the student's record once they have satisfied the requirements of your institution's transfer request process and given you a copy of their acceptance letter from Clackamas Community College. Clackamas Community College – POO214F00219000

Please return to: international@clackamas.edu

Questions? Please email international@clackamas.edu or call 503-594-6074