Transfer Eligibility Form Updated on: 11/22/2013



International Student Services (ISS)
Edmonds Community College
20000 68th Ave. W. Lynnwood, WA 98036
Tel: (425) 640-1518, Fax: (425) 774-0455
E-mail: issadmissions@edcc.edu
Web: http://www.edcc.edu/international/

This form is NOT an acceptance letter and does not ask for the release of your SEVIS record to EdCC. Your SEVIS

record will only be released to EdCC after you are accepted by us.

Section A:To be completed by S	STUDENT (Ple	ase Print or T	ype)
Last/Family Name:	First & Middle Name:		
Email:	Tel:		DOB:// Month Day Year
Do you plan to travel outside the U.S. before atte	nding EdCC?	Yes 🗌	
(If yes, you may need an EdCC I-20 to re-enter the U.S.)	Travel Date: From	m:// Month Day Year	To://
Current School ID #:			
I authorize my current U.S. school to release i	information about my	school transfer.	
Section B: To be completed by A	ADVISOR		
SEVIS ID #:N Atten	ndance Date: From:	onth Day Year	To:
Is the student currently enrolled?		Yes 🗌	No 🗌
Has the student fulfilled financial obligation to you	ır school?	Yes 🗌	No 🗌
Is the student in status to your knowledge?		Yes 🗌	No 🗌
Comments:			
Periods of authorized employment: OPT: From	// Month Day Year	To://	/_ /_ Year
Most recent periods of authorized reduced course	e load and /or annual s	school vacation:	
☐ SEVIS record will be released upon receiving	an acceptance letter fr	rom EdCC.	
Estimated SEVIS release date upon acceptan	nce://_ Month Day	Year EdCC SEVI	S Code: SEA214F00298000
Name (please print):	Si	ignature and Date: _	
E-mail:	P	hone Number:	
School Name and Address:			