International Student Office (ISO)
SSC-115, 2600 Mission Bell Dr
San Pablo, CA 94806
Email: iso@contracosta.edu
Fax: 510-412-0769

F-1 Transfer Verification

Student Section: Please complete the top section of this form and give it to the International Student Advisor at the school you are currently attending. ***You must attach your admit letter to this form so that you advisor knows you have been admitted.*

Name_____
(As it appears in the passport) Family Name Given Name(s) Middle Name

Date of Birth (Month/Day/Year) _____ Name of Previous School of Attendance_____

Semester/Year Applying to CCC _____ Major _____

I authorize my school to release the following information to Contra Costa College. It is my intention to transfer to CCC for the semester listed above.

_____ _____
Student's Signature Date

School Section: The student above has indicated intent to attend **Contra Costa College**. The student has been offered an admissions letter. Please complete the form to help us finalize the transfer and return it via email, fax, or mail.

1. Has the student maintained F1 status? _____Yes _____No
   If no, please explain: _____
2. Dates of enrollment at your institution: _____
3. Did the student conclude his/her program of study? _____Yes _____No
4. If not, when is the expected completion date? _____
5. Periods of authorized CPT: _____
6. Periods of authorized OPT: _____
7. Is the student currently active in SEVIS? _____Yes _____No
   If yes, please release student's SEVIS record to:
   School code: SFR214F01868000
   School/Campus name: CONTRA COSTA COLLEGE
8. Release date entered in SEVIS: _____ Student SEVIS ID #: _____

Name of Institution: _____
Address of Institution: _____

_____ _____ _____
Print Name and Title of DSO Signature Date

_____ _____
E-mail Telephone Number