



# International Student Transfer Form

This form is required of all international students admitted to Miles Community College and who are currently enrolled at another U.S. college or university. Please use this form to request the transfer of your I-20 to Miles Community College.

Return completed form to the Miles Community College Registrar's Office

Miles Community College • 2715 Dickinson • Miles City, MT 59301  
[registrar@milescc.edu](mailto:registrar@milescc.edu) • phone: 406.874.6214 • fax: 406.874.6283

**Please note:**

- A Certificate of Eligibility (I-20) cannot be issued from Miles Community College until this form is completed and SEVIS record is released.
- International students must check into the Registrar's Office upon arrival. Please contact [registrar@milescc.edu](mailto:registrar@milescc.edu) for more information.
- If you are not able to maintain active status, you must obtain a new I-20 and re-enter the United States or apply for reinstatement.
- Miles Community College School Code is **HEL214F00023000**

**Part I: Must be completed by the student:**

Family (Last) Name \_\_\_\_\_ First (Given) Name \_\_\_\_\_ Middle Name(s) \_\_\_\_\_

SEVIS ID#: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Country Telephone Number with country code \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Semester you intend to enroll at Miles Community College:

Fall Semester  Spring Semester Year: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Part II: To be completed by current PDSO/DSO at transfer-out institution:**

Student Enrollment  Currently Attending  Never Attended  Last Attended

From: \_\_\_\_\_ To \_\_\_\_\_

The student is in good standing and is eligible for  SEVIS Release Date: \_\_\_\_\_

The student is out-of-status.

Other: \_\_\_\_\_

*I certify that the above information is correct:*

Signature of School \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_