

Blue River | Longview | Maple Woods | Online | Penn Valley Advanced Technical Skills Institute | Blue River East | Health Science Institute

Transfer Clearance Form

Complete only if you have attended another school in the United States.

To Be Completed by the Student

| Name: | | |
|-----------------------------------|-----------------------------|---|
| Name: Surname/Family | First | Middle |
| Address: | | |
| City | State | Zip Code |
| E-mail address: | | |
| Semester you plan to start: (circ | ele one) Fall Spring | g Summer |
| I give permission for the inform | nation below to be sent to | Metropolitan Community College. |
| Student's Signature | | Date |
| To Be Completed by Designa | ted School Official | |
| Release Date: | * <mark>Please do r</mark> | not release student until vou have |
| received an acceptance letter fro | om MCC (SEVIS School C | ot release student until you have Code KAN214F00422000). |
| SEVIS Number: N | | |
| Student is in good | standing and is considere | d in status and eligible for transfer. |
| Student has been o | on CPT or OPT Yes | No |
| Student is out of st | tatus and needs to apply fo | or reinstatement |
| Date of termination | n | |
| | | |
| Name of Institution | Phone Number | Email |
| Name/Title of DSO | Signature | Date |

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