Springfield Technical Community College (STCC) International Student Transfer Form

Date:		
From: The Admissions Office at STCC		
To: International Student Applicant		
Please sign the release of information section of this attended).	s form and provide it to your foreign student a	dvisor at the school you now attend (or most recently
I grant permission for the information requested bel-	ow to be released to Springfield Technical Co	ommunity College:
International student's name	Signature	Date
To: Designated School Official – Michael V. Rossi		
In compliance with STCC's regulations, we request Springfield Technical Community College. Please of		tatus at your institution before approving transfer to
Admissions Office Springfield Technical Community College One Armory Square STE 1 P.O. Box 9000 Springfield, MA 01102-9000 (413) 755-3333 Fax: (413) 755-6344		
SEVIS release date:	SEVIS ID Number	
Dates of attendance at your school:	to	
Yes, the student is in status and is/has bee	n pursing a full course of study.	
No, the student is out of status because		
Yes, the student has been authorized for p	practical training. Give types and dates:	
Please list any adjudication that this student has in p	process at your institution	
Please list any instances in which the student has be	en suspended or disciplined while attending y	our institution
Yes, I know why this student is changing schools. P	lease explain:	
Name & Title of School Official		Signature
Institution		Date
Address		