

Rogue Community College International Student Transfer Form

Please complete this form if you are transferring from a U.S. college or university.

Name _____

Date of Birth _____

Term you plan to transfer _____

I plan to transfer to the following Rogue Community College Campus:

☐ Redwood Campus **POO214F00254000** ☐ Riverside Campus: **POO214F00254001** ☐ Table Rock Campus: **POO214F00254002**

Have you left all prior colleges or universities in good academic standing? Yes ☐ No ☐

Please explain: _____.

By signature, I grant permission for the DSO from each school to share information regarding my academic records to assist me in my transfer process and maintaining status with CIS regulations. This permission is valid until I have completed my degree program.

Student signature

Date

To be completed by your current international student advisor or DSO

First term/year of student's enrollment at your school: _____

Last term/year of full-time enrollment: _____

Has this student ever been granted practical training? Yes ☐ No ☐

If yes, type and dates _____.

Has this student maintained legal status according to U.S. immigration regulations? Yes ☐ No ☐

Please explain the circumstances:

Name of School Official _____

Title _____

Institution Name _____ Phone _____

Email _____ Fax _____

Address City _____ State _____ Zip _____

Signature of School Official _____ Date _____

Please email this form to Catherine Whitsel, Administrative Assistant, Admissions, at cwhitsel@roguecc.edu

For questions, contact Catherine Whitsel at cwhitsel@roguecc.edu
Phone: 001-541-956-7119