

WARREN COUNTY COMMUNITY COLLEGE
Student Services Office
475 Rte. 57 W
Washington, NJ 07882
(908) 835-2300 - telephone
(908) 689-5824 – fax

REQUEST FOR F-1 TRANSFER INFORMATION

Part 1: To be completed by student

This is to inform you that I intent to transfer to WARREN COUNTY COMMUNITY COLLEGE for the Fall____/Spring____ semester. Please complete the information requested below and return to the address listed above.

Name: _____
Last First Middle

Signature: _____ Date: _____

Part 2: To be completed by the Designated School Official

The student is in lawful F-1 status according to USCIS regulations. The student was last enrolled in the _____ semester.
SEVIS # _____
Record will be released after: _____
Date

The student is not in lawful F-1 status according to USCIS regulations. Please explain.

Signature of DSO Title Print Name

Street Address City State Zip

Phone Number Email Address