



Form FSA-5

## International Student Transfer Report

**PART I** (To be completed by the student)

Please ask your International Student Advisor at the college or university in the US at which you are/were most recently enrolled to complete this report.

Name  Mr.  Ms.  Mr. \_\_\_\_\_  
Family Name Given Name

Birth Date (mm/dd/yyyy) \_\_\_\_\_

Current I-20 ID/I-94 Admission # \_\_\_\_\_

I intend to transfer to Clinton Community College for the \_\_\_\_\_ semester /year. I hereby grant permission for the information requested to be made available to Clinton Community College.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II:** (To be completed by the Designated School Official (DSO):

Please complete the information requested below as it pertains to the student mentioned above. Please return the completed form to the address listed below.

What type of Visa is the applicant holding? \_\_\_\_\_

Is/was this student authorized by BCIS to attend your institution?  Yes  No

Was the student registered for full-time during each semester of attendance?  Yes  No

Has the student maintained lawful status during the period of study at your school?  Yes  No

Has the student been granted Curricular or Optional Practical Training?  Yes  No

Did the student complete a course of study at your school?  Yes  No If yes, what date? \_\_\_\_\_

If you deem it necessary, feel free to attach any additional explanatory comments to this form.

Name of DSO/PDSO: \_\_\_\_\_ Signature \_\_\_\_\_

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

Address of Institution \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return form to:**

**Admissions**

**Anna Miarka-Grzelak PDSO**

**Clinton Community College SEVIS ID: BUF214F00483000**

**136 Clinton Point Drive**

**Plattsburgh, NY 12901**

**Fax: 518-562-4141**

**Phone: 518-562-4170**

**Email: [admissions@clinton.edu](mailto:admissions@clinton.edu)**