

COFFEYVILLE COMMUNITY COLLEGE

400 W 11th Street Coffeyville KS 67337
620-251-7700 ext. 2092 Fax: 620-252-7016 E-mail: beckes.scott@coffeyville.edu

Transfer Student Application

1. Personal Information: (To be completed by applicant and given to the International Student Advisor to respond to the remaining portion on the back.)

Name: _____ Home Country _____
Family Name First Middle

Address in Home Country _____

Address in United States _____

Place of Birth _____ I wish to apply for the term starting _____

2. Authorization: (To be completed by applicant)

I am applying for admission to Coffeyville Community College. I authorize you to provide to Coffeyville Community College the information requested below.

Signature: _____ Date: _____

Give this entire form to the International Student Advisor at your present school. He or she will be responsible for returning this form to us.

To: International Student Advisor

The above named student is applying for admission to Coffeyville Community College. We need information concerning this student's status before we can act upon his or her application. Please complete the back of this form and return it to us as follows:

Scott Beckes
International Coordinator
Coffeyville Community College
400 West 11th Street
Coffeyville, Kansas 67337
SEVIS School Code: KAN214F00114000

3. Immigration Information:

Immigration Admission # _____ Visa type _____ Sevis Number _____

School issuing I-20 used to obtain entry into the U.S. _____

What day will your college release this student in Sevis to CCC? _____

Is this student authorized by INS to attend your institution? _____ Yes _____ No

If "NO", please explain: _____

Is this student currently enrolled full-time at your institution? _____ Yes _____ No

Date student was last enrolled at your institution _____

4. Other information:

International Student Advisor's opinion of:

English Proficiency: Excellent _____ Good _____ Average _____ Below Average _____

English Proficiency Test: Name of Test _____ Score _____

Is the applicant in good standing and eligible to return to or continue at your institution?

Academically: Yes _____ No _____ Conduct: Yes _____ No _____

Comments: _____

Has the student experienced financial difficulties while at your institution?

Yes _____ No _____ If yes, please describe _____

Are you aware of any problems of adjustment that may cause difficulty after transfer? _____

Signature _____ Date _____

Institution Name _____

Address _____

Telephone _____

Thank you for your time,
Scott Beckes