



Bluegrass Community & Technical College

SEVIS TRANSFER FORM

To the International Student: Please complete the information in Section One and submit this form to the International Student Advisor or PDSO at your last institution attended. Signing below authorizes your current institution to communicate with BCTC regarding your I-20 record and immigration status.

To the International Student Advisor/PDSO: The student below has requested transfer to Bluegrass Community & Technical College. **Please do not transfer student without a copy of the BCTC admission letter.** The US Citizenship and Immigration Services require international students who wish to transfer to another approved institution to be updated in SEVIS. Please complete this form to aid our institution in ensuring that our student has a smooth transfer process. You may email, fax, or mail the completed form to the email below.

SECTION ONE: TO BE COMPLETED BY THE STUDENT

Name (First and Last): _____

Student ID Number: _____

I hereby authorize the PDSO/International Student Advisor to provide the information below as part of my application for admission to Bluegrass Community & Technical College. Please submit the form to:

**International Student Services
Bluegrass Community & Technical College
119 Oswald Building
470 Cooper Drive
Lexington, KY 40506**

OR by email to: Kehla.Vance@kctcs.edu

Signature: _____

Date: _____

SECTION TWO: TO BE COMPLETED BY THE PDSO/INTERNATIONAL STUDENT ADVISOR

SEVIS Release Date: _____

BCTC SEVIS School Code: NOL214F11256000

SEVIS ID Number: _____

Please check all that apply:

- This student is in good standing and is/was enrolled in a full course load of study until: _____ (date)
- This student is out of status and a reinstatement is pending
- This student is out of status and must be reinstatement
- Other Comments: _____

Current Program End Date or Optional Practice Training End Date: _____

If the student has ever been authorized for full time CPT or OPT, please specify number of months:

_____ months for CPT _____ months for OPT

PDSO/DSO Signature: _____ Date: _____

Name of DSO: _____ Title: _____

PDSO/DSO Email Address: _____

School Name & Address: _____

