



Intent to Transfer to Barstow Community College

This form must be filled out by the Designated School Official from the current or previous institution. Once completed, please submit it to Admissions and Records via email at admissions@barstow.edu

Complete this form **ONLY** if you are currently attending a school in the **USA**

B Number: _____ Name: _____

Email: _____ Phone: _____

I hereby authorize my present international student advisor to provide the information below as part of my application to Barstow Community College.

Student Signature _____ Date _____

To be completed by Designated School Official:

Your assistance in completing this form is appreciated. Please complete and return it to the student. Please note that Barstow Community College is listed in SEVIS as **Barstow Community College District (LOS214F00547000)**.

DSO Name: _____ DSO Title: _____

DSO Email: _____ DSO Phone: _____

Name of Student Applying for Admission to Barstow Community College:

Student SEVIS Number: _____ SEVIS Release Date: _____

Name of School: _____

Address of School: _____

School Code: _____

School attendance dates: From: _____ To: _____

Anticipated final date of attendance: _____

Did student maintain required full-time F-1 status? Yes No

If not, please comment: _____

Number of units completed by student: _____

Grade point average: _____

Type of program (please check one): Undergraduate Language Studies Other

Major course of study: _____