

**FOR INTERNATIONAL STUDENTS TRANSFERRING TO  
INTERACTIVE COLLEGE OF TECHNOLOGY**

Complete this form only if: (1) you are transferring from another institution in the U.S.; (2) you have received an admission letter from Interactive College of Technology; and (3) you have decided that you will attend Interactive College of Technology. If you do not know your SEVIS ID number and/or release date, please contact the Designated School Official at your current school (usually the International Student Advisor or the person who signed your current Form I-20).

Name \_\_\_\_\_  
(Family Name) (Given Name) (Middle Name)

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
mm/dd/yyyy

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_  
(If different than Citizenship)

Foreign Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Postal Code Country

Current U.S. Address: \_\_\_\_\_  
Street Address City State Zip Code

Past Curricular Practical Training: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_  
(Dates of Employment)

Past Optional Practical Training: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_  
(Dates of Employment)

SEVIS ID # \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION**

Name of School: \_\_\_\_\_

Name of International Student Advisor: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

Transfer Release Date: \_\_\_\_\_  
(mm/dd/yyyy)

*I give permission to the International Student Advisor or Designated School Official of the above named school to verify the above information and to release my electronic SEVIS record to Interactive College of Technology.*

\_\_\_\_\_  
Signature Date

Please submit this form with a photocopy of all previous I-20 forms that you may have.