



NEOSHO COUNTY COMMUNITY COLLEGE

The education you need. The attention you deserve.

ANN M. NEFF,
DSO / International
Services Coordinator
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OTTAWA, KS 66067
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TRANSFER ELIGIBILITY FORM: I-20

I STUDENT INFORMATION: To be completed by the student

If you are applying to transfer to NCCC from a high school, college or university in the U.S., you must complete PART I of this form and submit it to the Designated School Official/International Student Advisor of the institution that issued your current I-20.

Last/Sur/Family Name

First Name

Middle Name

NCCC ID Number

ID Number at Current College/University

Home or Cellular Telephone Number

Date of Birth MM/DD/YYYY

Country of Citizenship

Personal Email Address

I intend to transfer to NCCC for the Semester/Year: Fall Spring Summer Year: _____

I plan to transfer to the: Chanute Campus (KAN214F00377000) Ottawa Campus (KAN214F00377001)

I hereby request and authorize the Designated School Official or International Student Advisor to verify the above information and to provide the additional information requested below.

Date: _____
MM/DD/YYYY

Signature: _____

II DSO INFORMATION: To be completed by DSO/International Advisor

Please complete Section II and return form by fax to: (620) 431-0082

Student USICE Admission Number (I-94 Number)

Student SEVIS Number

Release/Date

This student is in good standing and is/was enrolled in a full course of study until (date): _____

This student is out of status and must file for reinstatement to student status.

This student is in Optional Practical Training for educational level: _____. Beginning Date: _____ End Date: _____

This student has previously been granted Curricular Practical Training; please specify type(s), date(s), and educational level:

This student has previously been granted a reduced course load. Dates: _____

Reason: _____

This student transferred to your institution from another institution in the United States.

This student has dependents. Number of dependents: _____.

Other Comments: _____

DSO's / International Advisor Signature

Name of DSO / international Advisor

Title of DSO / Authorized Endorser

School Name

Date

School Address

Telephone #