



### To the International Student:

Please complete Part A of this form, and then give it to your current international student advisor. This form must be received by OCTC to confirm that you are presently maintaining your status at your current school. It is a requirement for the international student admissions process. Please note that once your SEVIS account has been transferred to Owensboro, there is no way to 'reverse' the transfer back to your current school.

#### **PART A:**

Name as it appears in passport: \_\_\_\_\_  
(Family Name) (First) (Middle)

Name of current school you are attending: \_\_\_\_\_

Why are you transferring to OCTC? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature here confirms that the above information is true, and allows my current school to provide the information requested in Part B to Owensboro Community and Technical College.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

### To the International Student Advisor:

This student is applying for admission to Owensboro Community and Technical College. We would appreciate you answering the following questions and returning this form with a copy of the student's current I-20 to:

**Mail: Office of International Student Services**  
**Owensboro Community and Technical College**  
**4800 New Hartford Road**  
**Owensboro, KY 42303**

**Fax: 270-686-4487**  
**Email: Lewatis.McNeal@kctcs.edu**

#### **PART B:**

1. To the best of your knowledge, is this student currently in F-1 status? D YES D NO
2. Was the student enrolled full-time last semester? D YES D NO  
If "NO", explain: \_\_\_\_\_
3. How long has the student attended your institution? From \_\_\_\_\_ to \_\_\_\_\_.
4. Is the student eligible to continue at your institution? D YES D NO  
If "NO", explain: \_\_\_\_\_
5. Has the student experienced financial problems while attending your institution? D YES D NO  
If "YES" explain: \_\_\_\_\_
6. Has the student been authorized for work or practical training (curricular or practical)? D YES D NO

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_