

Transfer Evaluation Form

To the Student: Please complete the top part of this form, sign the statement below and then have the bottom portion completed by your International Student Advisor or an authorized school official. **This form is required to complete your transfer to Orange Coast College.**

Student's Name: _____

Birthdate: _____ / _____ / _____ OCC ID#: _____
MONTH DATE YEAR LAST FIRST MIDDLE

I grant permission for the information requested below to be forwarded to Orange Coast College.

SIGNATURE DATE

To The International Student Advisor: The student named above has applied for admission to Orange Coast College (listed under Coast Community College District in SEVIS). Please provide the information requested below and mail this form to:

Orange Coast College, International Center
2701 Fairview Road, Costa Mesa, CA 92628-5005
Tel: (714) 432-5940 • Fax: (714) 432-5191 • Email: intctr@cccd.edu

SEVIS ID Number: _____
EXPECTED RELEASE DATE

Duration of attendance: From _____ To _____

Date of expected graduation or completion of program: _____

Was the student enrolled full-time? _____

Was the student ever authorized for any period of OPT or CPT? If yes, explain:

Was the student ever authorized for a reduced course load? If so, please include reason:

Is he/she eligible for a transfer? _____

Comments: _____

Signature: _____ Date: _____

Name and Title: _____

Institution and Address: _____

Phone: _____ School Code: _____