

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 at your current school. This form is required to complete your transfer to Orange Coast College.

Student Name: _____
LAST (FAMILY NAME) FIRST (GIVEN NAME) MIDDLE NAME

Birthdate: ____/____/____ OCC ID#: _____
MONTH DAY YEAR (IF KNOWN)

I grant permission for the information requested below to be forwarded to OCC.

Student's 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 do not release student's record in SEVIS at this time. Please provide the information requested below and mail or fax 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@ccd.edu

SEVIS ID Number: _____ EXPECTED RELEASE DATE

Level of Program (ESL, Associate, Baccalaureate, etc.): _____

Dates 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 time period and reason:

Is he/she eligible for a transfer? Yes No

Comments: _____

Advisor's Name: _____ Title: _____

Advisor's Signature: _____ Date: _____

School Name: _____

School Address: _____

Phone: _____ Fax: _____

Email: _____