

# Transfer Status Form

for transfer F-1 students applying to Butler Community College, Ks (KAN214F00071000)

F-1 Students in the U.S. who are applying to transfer to Butler Community College must complete the transfer procedure through SEVIS. In order to be admitted to Butler, the following information must be provided.

## Transfer Procedure

1. Complete Section 1 of this form
  2. Have an International Advisor (DSO) at your current school complete Section 2
  3. Return the completed form along with other required documents for admission to Butler
  4. Upon admission, Butler will provide an acceptance letter to your current school
  5. Additional documents may be required by your current school to release your SEVIS record
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## SECTION 1 - To be completed by the international student

Last/Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy) ID# at current school: \_\_\_\_\_

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

Will you travel out of the US between attendance at the two schools?  Yes  No

If yes, dates of travel: from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy) to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

I authorize the release of information requested on this form for the purpose of admission to Butler Community College.

Student signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

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## SECTION 2 - To be completed by current international advisor (DSO)

Please check one box below and complete all appropriate blanks. Return the completed form to [international@butlercc.edu](mailto:international@butlercc.edu).

**\*Please do not release the student's SEVIS record until proof of admission is received\***

The student is **In Status** according to F-1 regulations

Last semester student was enrolled \_\_\_\_

Did the student receive approval for a **reduced course load**? \_\_\_ Yes \_\_\_ No

If yes, reason: \_\_\_\_ Academic \_\_\_\_ Medical

Program level and dates of approval \_\_\_\_\_

Did student receive any **practical training**? \_\_\_ Yes \_\_\_ No

If yes, type: \_\_\_ Full-time Curricular \_\_\_ Part-time Optional \_\_\_ Full-time Optional

If yes, program level and dates \_\_\_\_\_

The student is **Out of Status**, but still wishes to attend Butler.

The student is **Out of Status and not currently in SEVIS**, but still wishes to attend Butler.

*As DSO completing this form, I verify the information above is accurate to the best of my knowledge.*

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

DSO Signature: \_\_\_\_\_ Date \_\_\_\_\_

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Please return completed form to: [international@butlercc.edu](mailto:international@butlercc.edu) or Fax: 316.323.6852

International Office, Butler Community College, 901 S. Haverhill Rd, El Dorado, KS 67042 ● Phone: 316.322.3230