



Transfer Request Form

for F-1 students in the U.S. transferring to Butler Community College, KS
(KAN214F00071000)

All students currently in F-1 status at an institution in the U.S. who plan to change schools must complete the transfer procedure through SEVIS. It is the student's responsibility to maintain his or her F-1 student status by completing the procedure below. Failure to complete the procedure will result in the student being out of status.

Transfer procedure

- Notify your current school of your intent to transfer.
- Complete Section 1 of this form.
- Have the international student advisor (DSO) at the institution you are currently attending complete Section 2.
- Return the form promptly to Butler.
- Once your school "releases" your SEVIS record to Butler and you complete all other transfer requirements, Butler will produce an I-20.
- To maintain your F-1 status you must sign a new Butler I-20 within 15 days of the beginning of the semester that you transfer.
This new Butler I-20 must say "continued attendance at this school" under item #3 on page 1.

SECTION 1 - To be completed by the international student

FAMILY NAME _____ FIRST NAME _____

Date of Birth _____ (mm/dd/yy) Country of Citizenship _____

ID# at current school which issued your I-20: _____

Semester for which you are applying to Butler: Fall 20____ Spring 20____ Summer 20____

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

If yes, dates of travel: from _____ (mm/dd/yy) to _____ (mm/dd/yy)

I authorize the release of information requested on this form for the purpose of a school transfer.

Student signature _____ Date _____ (mm/dd/yy)

SECTION 2 - To be completed by current international advisor

Please check the one appropriate box below and complete all appropriate blanks.

The student is **In Status** according to F-1 regulations; last semester the student was enrolled _____
SEVIS ID # _____ will be released to Butler Community College, KS on __/__/__
[KAN214F00071000]

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

If yes, reason: ____Academic ____Medical

If yes, 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.

Signature: _____ Print Name: _____

Date _____ Title: _____

Name of School: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Please return completed form to: Fax: 316.323.6852 or 316.733.2715 or International Office, Butler Community College, 901 S. Haverhill Rd, El Dorado, KS 67042 ● Phone: 316.322.3230 or 316.733.3230 from Wichita ● Email: international@butlercc.edu