



# Mt. Hood Community College International Student Transfer Form

Please complete this form if you are transferring from a U.S. college or university.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Term you plan to transfer \_\_\_\_\_

Have you left all prior colleges or universities in good academic standing?  Yes  No

If no, please explain: \_\_\_\_\_

By signature I grant permission for the DSO from each school to share information regarding my academic records to assist me in my transfer process and maintaining status with CIS regulations. This permission is valid until I have completed my degree program.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by your current international student advisor or DSO

First term/year of student's enrollment at your school:     Summer     Fall     Winter     Spring  
Last term/year of full-time enrollment:                       Summer     Fall     Winter     Spring

Has this student ever been granted practical training?     Yes  No

If yes, type and dates \_\_\_\_\_

Has this student maintained legal status according to U.S. immigration regulations?     Yes  No

If no, please explain the circumstances

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transfer Release Date \_\_\_\_\_ MHCC School Code: **POO214F00204000**

Name of School Official \_\_\_\_\_ Title \_\_\_\_\_

Institution Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to Janine Shockley by emailing [Janine.Shockley@mhcc.edu](mailto:Janine.Shockley@mhcc.edu) OR by faxing 503-491-7388