

# Mesabi Range Community & Technical College INTERNATIONAL STUDENT TRANSFER FORM

Part 1—To be completed by student.

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Address: \_\_\_\_\_

I hereby authorize my current institution to release the information on this form to Mesabi Range Community & Technical College.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Part 2—To be completed by Designated School Official.

1. How long has this student been attending your institution? \_\_\_\_\_
2. When was this student last enrolled full time at your institution? \_\_\_\_\_
3. Has this student maintained legal status in accordance with U.S. Immigration regulations?  
\_\_\_\_ Yes \_\_\_\_ No If no, please explain.
4. Has this student ever been granted optional practical training? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please state how long and at what organization/business.
5. Has this student ever been granted a work permit due to economic hardship? \_\_\_\_ Yes \_\_\_\_ No
6. Has this student met all financial obligations at your institution? \_\_\_\_ Yes \_\_\_\_ No
7. Is this student in good academic standing and eligible for readmission/continuation at your institution?  
\_\_\_\_ Yes \_\_\_\_ No If no, please explain.
8. Do you recommend transfer? \_\_\_\_ Yes \_\_\_\_ No If no, please explain.  
If yes, please list release date: \_\_\_\_\_

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

\_\_\_\_\_  
Print Name & Title Phone number

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Address of Institution

Please return this form to:  
International Student Admissions  
Mesabi Range Community & Technical College  
1100 Chestnut St. W.  
Virginia, MN 55792  
FAX: (218) 749-0318  
Any questions, contact Sue Twaddle, (218)749-0313

