

# COFFEYVILLE COMMUNITY COLLEGE

400 W 11th Street Coffeyville KS 67337  
620-252-7102 Fax: 620-252-7016 E-mail: [beeson.brandi@coffeyville.edu](mailto:beeson.brandi@coffeyville.edu)

## Transfer Student Application

1. Personal Information: (To be completed by applicant and given to the International Student Advisor to respond to the remaining portion on the back.)

Name: \_\_\_\_\_ Home Country \_\_\_\_\_  
Family Name First Middle

Address in Home Country \_\_\_\_\_

Address in United States \_\_\_\_\_

Place of Birth \_\_\_\_\_ I wish to apply for the term starting \_\_\_\_\_

2. Authorization: (To be completed by applicant)

I am applying for admission to Coffeyville Community College. I authorize you to provide to Coffeyville Community College the information requested below.

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

**Give this entire form to the International Student Advisor at your present school. He or she will be responsible for returning this form to us.**

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To: International Student Advisor

The above named student is applying for admission to Coffeyville Community College. We need information concerning this student's status before we can act upon his or her application. Please complete the back of this form and return it to us as follows:

Brandi Beeson  
International Coordinator  
Coffeyville Community College  
400 West 11<sup>th</sup> Street  
Coffeyville, Kansas 67337  
SEVIS School Code: KAN214F00114000

3. Immigration Information:

Immigration Admission # \_\_\_\_\_ Visa type \_\_\_\_\_ Sevis Number \_\_\_\_\_

School issuing I-20 used to obtain entry into the U.S. \_\_\_\_\_

What day will your college release this student in Sevis to CCC? \_\_\_\_\_

Is this student authorized by INS to attend your institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "NO", please explain: \_\_\_\_\_

Is this student currently enrolled full-time at your institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date student was last enrolled at your institution \_\_\_\_\_

4. Other information:

International Student Advisor's opinion of:

English Proficiency: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

English Proficiency Test: Name of Test \_\_\_\_\_ Score \_\_\_\_\_

Is the applicant in good standing and eligible to return to or continue at your institution?

Academically: Yes \_\_\_\_\_ No \_\_\_\_\_ Conduct: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Has the student experienced financial difficulties while at your institution?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Are you aware of any problems of adjustment that may cause difficulty after transfer? \_\_\_\_\_

\_\_\_\_\_

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

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Thank you for your time,  
Brandi Beeson