



International Student Transfer Request

By submitting this form, I am requesting a transfer to Casper College. My signature indicates that I am giving permission for you to release transcripts and information related to my I-20.

Student Name (print) _____
Last First Middle

Anticipated semester and year of enrollment: Fall _____ Spring _____ Summer _____
Year Year Year

Please release the following information to Casper College for Admission Purposes.

Student Signature Date

To be completed by Designated School Official (PDSO or DSO)

Type of Visa student currently holds _____ Admission Number on Form I-94 _____

Was the student pursuing a full course of study for the term immediately preceding this transfer?
Yes ___ No ___ Explain if no _____

Has the student met all financial obligations to your institution? Yes _____ No _____

Dates of attendance at your school _____

Printed Name Title

Signature (PDSO/DSO) Telephone number

Name of Institution Date

Address City, State, Zip

Please return form to: Nicholas Whipps, SEVIS/DSO
125 College Drive
Casper, WY 82601
Fax 307-268-2611
nwhipps@caspercollege.edu