

INTERNATIONAL STUDENT INQUIRY FORM

(TO THE APPLICANT: Please read this form carefully, complete and sign it in the space provided below. Submit it to the International Advisor at the U.S. College or University you are now attending, or that you last attended. Des Moines Area Community College must receive this form before your application will be considered complete.)

NAME: _____
(Family Name) (Given Name) (Middle Initial)

LOCAL ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

SEVIS #: _____ VISA TYPE: _____

SEMESTER OF TRANSFER: _____

I give permission for the following information to be released to Des Moines Area Community College.

SIGNATURE: _____ DATE: _____

(TO THE INTERNATIONAL STUDENT ADVISOR: The international student named above is applying to Des Moines Area Community College as a transfer student. Please take a few moments to complete the information below and email it to sgrude@dmacc.edu). Thank you.

To the best of your knowledge, has the student maintained his/her F1 visa status? YES _____ NO _____

SEVIS Transfer Requested by Student on: _____

COMMENTS:

SIGNATURE: _____ DATE: _____
(DSO or PDSO)

NAME & TITLE (print): _____

PHONE NUMBER: _____ EMAIL: _____

INSTITUTION: _____

ADDRESS: _____



International Student Office
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