Ivy Tech Community College - Bloomington Campus
International Student Transfer Reference Form
(Please complete this form ONLY if student is presently at a U.S. institution.)

Name of Student _________________________________________________________________________

Local Address ___________________________________________________________________________

I, __________________________, permit the information requested below to be forwarded to
Ivy Tech Community College. ___________________________________   __________________________

(Signature of applicant)    Date

______________________________________________________________________________________________

TO: INTERNATIONAL STUDENT ADVISOR
The student named below has applied for admission to Ivy Tech Community College - Bloomington. Your assistance
is appreciated in filling out and returning the requested information.

1. What is the student’s visa status? ______________________________________________________

2. What semester or quarter did the student last complete at your institution? __________, 20_____

3. What is the SEVIS authorized date for completion of studies in the student’s current degree program?
   _________________________________(Month/Day/Year)

4. What is the student’s anticipated release date? __________________________________________

5. What is the level of education the student last pursued? __________________________________

6. Please indicate any Optional Practical or Curricular Practical Training granted to this student:
   ___________________________________________________________________________________

7. To the best of your knowledge, has the student met all obligations to US Customs and Immigration Service?
   ___________________________________________________________________________________

8. Is this student eligible to continue at your institution? ____ Yes ____ No  If no, please explain.
   ___________________________________________________________________________________

9. Comments: _______________________________________________________________________
   ___________________________________________________________________________________

_______________________________________________________________________________________

Print Name                    Title                 Date

_______________________________________________________________________________________

Signature     E-mail address                             Institution

Please return this form to: Ivy Tech Community College- Bloomington
Attn: Heidi Wampler, Designated School Official
200 Daniels Way
Bloomington, IN 47404
Fax: 812-330-6106

For questions: E-mail: hwampler@ivytech.edu or Phone: (812)-330-6024