Enrollment Center
(Temporary location) Academic Building, Room 3-219
1234 Columbus Avenue, Roxbury Crossing, MA 02120
Tel. 857-701-1200 | Fax 855-670-1795
Email: Enrollment.Management@rcc.mass.edu

TRANSFER STUDENT RECORDS TO ROXBURY COMMUNITY COLLEGE

To Be Completed by Student

Student Name: _____

Date of Birth (Month/Date/Year): _____/_____/_____

Date you plan to enroll in Roxbury Community College:_____

TO THE STUDENT: Please has this form completed by your International Student Advisor. Applications are considered incomplete for review if this form is not forwarded.

To Be Completed by International Student Adviser

TO THE INTERNATIONAL STUDENT ADVISER: The student named above is applying for admissions to Roxbury Community College. Please forward your reply to the letterhead mailing address.

1. Date of most recent enrollment: _____

2. Is the student eligible to continue at your institution? Yes ☐ No ☐

3. To your knowledge, has the student met all obligations to the Department of Homeland Security? Yes ☐ No ☐

4. Admission Number on I-94: _____

5. SEVIS transfer release date: _____

6. SEVIS number: _____

7. Date of initial enrollment at your institution:_____

8. Has student used any period of optional practical training? Yes ☐ No ☐

9. We would appreciate any comments you think may be helpful to us.

_____

_____

International Student Adviser's Name:_____

Title:_____

Name of Institution:_____

Mailing Address:_____

Telephone Number: _____E-mail address: _____

Signature: _____Date: _____/_____/_____