

College of the Desert
43-500 Monterey Avenue
Palm Desert, CA 92260
Tel: (760) 776-7205
Fax: (760) 862-1361

**INTENT TO TRANSFER TO
DESERT COMMUNITY COLLEGE DISTRICT -
COLLEGE OF THE DESERT**



Student to complete this section:

Student name: _____
First Name Family/Last Name

Student's email address: _____

This form must be completed by the International Student Advisor at the school that you are currently attending. It is important that you have the completed Intent to Transfer form submitted to College of the Desert as soon as possible in order to complete your application and SEVIS transfer process.

Transfer-out DSO to complete this section:

The above student has applied for admission to College of the Desert. We understand that he/she has an I-20 with your school. Please complete this form and return it as soon as possible to College of the Desert at iep@collegeofthedesert.edu or fax to (760) 862-1361.

We are listed in SEVIS under "Desert Community College District" LOS214F00380000. Thank you!

STUDENT'S SEVIS ID NUMBER: _____ SEVIS RELEASE DATE: _____

NOTE: Please do NOT release the student's SEVIS record unless you have received an official acceptance letter from our institution.

Date student began program: _____ Program completion date/last date of attendance: _____

Is the student eligible for transfer to College of the Desert? _____
YES NO

If No, please explain: _____

Did the student have any authorization for OPT/CPT? _____
YES NO

If yes, please indicate type and dates: _____

Does the student have any outstanding fees with your institution?: _____
YES NO

Comments:

Signature of DSO: _____ Date: _____

Printed name of DSO: _____ Title: _____

Name of school: _____

Address of school: _____

Telephone number: _____ Fax number: _____

DSO's email address: _____