

Global Education STATUS VERIFICATION REQUEST

Request to report SEVIS status from	your current school to (sel	ect one):
Spokane Community College -		
Phone: 509-533-8118 Fax: 509-5		4F10032000 ht Dr MS 3011 Spokane WA 99224-5288
Phone: 509-533-3242 Fax: 509-5		
Phone: 509-332-8969 Fax: 509-3		
F-1 or M-1 visa holders should present this form the completed form be emailed to globalprogram process cannot be completed until this form is recompleted to the completed until this form is recompleted.	ns@ccs.spokane.edu or faxed to: 5 eturned to the college you have indi	09-533-8683. The admission and transfer-in
Family Name:	First	name
Current U.S. Address:		
Foreign Address:		
elephone: Email:		
Send my new I-20 to:	dress	pick up
give permission for my present schoo	to release the information re	quested on this form.
Signature		Date
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	NATIONAL STUDENT ADVI	
TO BE COMPLETED BY THE INTER		
TO BE COMPLETED BY THE INTER Student's SEVIS ID:		SOR
TO BE COMPLETED BY THE INTER Student's SEVIS ID: Name of School:		SOR
TO BE COMPLETED BY THE INTER Student's SEVIS ID: Name of School: School Address:		SOR
TO BE COMPLETED BY THE INTER Student's SEVIS ID: Name of School: School Address: Advisor Name:	Today'	SOR s Date:
TO BE COMPLETED BY THE INTER Student's SEVIS ID: Name of School: School Address: Advisor Name: Type of program:	Today' Telephone: graduate	SOR s Date: Email: Other:
TO BE COMPLETED BY THE INTER Student's SEVIS ID: Name of School: School Address: Advisor Name: Type of program:	Today' Telephone: graduate	SOR s Date: Email: Other: EVIS to attend? Yes No
TO BE COMPLETED BY THE INTER Student's SEVIS ID: Name of School: School Address: Advisor Name: Type of program:	Today' Telephone: graduate	SOR s Date: Email: Other: EVIS to attend? Yes No
TO BE COMPLETED BY THE INTER Student's SEVIS ID: Name of School: School Address: Advisor Name: Type of program:	Telephone: graduate	Email: Other: EVIS to attend? Yes No No e of Attendance:
TO BE COMPLETED BY THE INTER Student's SEVIS ID: Name of School: School Address: Advisor Name: Type of program:	Telephone: graduate	Email: Other: EVIS to attend? Yes No No e of Attendance:
TO BE COMPLETED BY THE INTER Student's SEVIS ID: Name of School: School Address: Advisor Name: Type of program:	Telephone: graduate	Email: Other: EVIS to attend? Yes No No e of Attendance:
TO BE COMPLETED BY THE INTER Student's SEVIS ID: Name of School: School Address: Advisor Name:	Telephone: graduate	Email: Other: EVIS to attend? Yes No No e of Attendance:
TO BE COMPLETED BY THE INTER Student's SEVIS ID: Name of School: School Address: Advisor Name: Type of program:	Telephone: graduate	Email: Other: EVIS to attend? Yes No No e of Attendance:
TO BE COMPLETED BY THE INTER Student's SEVIS ID: Name of School: School Address: Advisor Name: Type of program:	Telephone: graduate	Email: Other: EVIS to attend? Yes No No e of Attendance: