

F-1 STUDENT TRANSFER-IN FORM

The information below is required before your transfer to WVC can be completed.

To be completed by STUDENT						
Last name		First name				
Student ID# at current/previous US school		WVC ID #				
First term at WVC	E-mail					
Do you plan to travel outside your program at WVC? YES		eginning	If YES, list departure and return dates			
"I authorize my current/ previous school to provide WVC with the information below. It is my intention to transfer to WVC."						
Signature:			Date:			

To be completed by the INTERNATIONAL STUDENT ADVISOR at the current/previous school

School	name	&	addres	s
School	name	&	addres	S

1. Based on the records in this office, it appears that the above named student:

a) \Box is / \Box is not "maintaining status" and

- b) 🗆 is not / was not "pursuing a full course of study"
- 2. Remarks:

Authorized Curricular and/or Optional Practical Training (list all periods)	Last date of authorized attendance/ practical training
Authorized reduced course load (list all periods and reasons)	
SEVIS ID	SEVIS Transfer release date
DSO's name	Title
Phone	E-mail
Signature	Date
Diagon mail or amail completed form to:	

Please mail or email completed form to:

<u>ihamilton@wvc.edu</u> 509 682 6864

or

International Programs Wenatchee Valley College 1300 5th Street Wenatchee, WA 98801