

To be completed by STUDENT

## F-1 STUDENT TRANSFER-IN FORM

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

Last name		First name		
Student ID# at current/previous US school		WVC ID#		
First term at WVC	E-mail			
First term at WVC	E-IIIaII			
Do you plan to travel outside	eainnina	If YES, list den	parture and return dates	
your program at WVC? YES	5 5	, '		
"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 & address				
1. Based on the records in this office, it appears that the above named student:				
a) □ is / □ 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 (li			all periods)	Last date of authorized attendance/
				practical training
Authorized reduced course load (list all periods and reasons)				
SEVIS ID				SEVIS Transfer release date
2001				
DSO's name				Title
Phone				E mail
THORE				E-mail
Signature				Date
- 9				
Please mail or email completed form to:				

malvizar@wvc.edu 509 682 6865

or

International Programs Wenatchee Valley College 1300 5<sup>th</sup> Street Wenatchee, WA 98801