

### Transfer-In

The information below is required before your transfer to YVCC can be completed. "Transfer" applies to students who plan to transfer from a U.S. college, university or high school.

To be completed by STUDENT	
Last Name	First Name
Student ID # at current/previous U.S. school	YVCC ID#
First Academic Term at YVCC	E-mail
1. Do you plan to travel outside the U.S. before beginning your program at YVCC? ____ Yes ____ No. If Yes, please give departure and return dates: _____	2. <b><i>"I authorize my current/previous school to provide YVCC with the information below. It is my intention to transfer to YVCC."</i></b>
Signature	Date
To be completed by the INTERNATIONAL STUDENT DESIGNATED SCHOOL OFFICIAL at the current/previous U.S. school.	
1. Based on the records of this office, it appears that the above named student: <input type="checkbox"/> is "maintaining status" and <input type="checkbox"/> is/was "pursuing a full course of study." <input type="checkbox"/> is not <input type="checkbox"/> is not/was not	
2. The student's last date of attendance at this school is (or was) ___/___/___ under F-1 status.	
3. List all periods and reasons for <i>REDUCED COURSE LOAD</i> the student was previously authorized for: _____ _____	
4. List all periods of previously authorized employment the student engaged in <i>OPTIONAL</i> and/or <i>CURRICULAR PRACTICAL TRAINING</i> . _____ _____	
5. If the student is in SEVIS, please provide the following: Student's <i>Transfer Release Date</i> in SEVIS ___/___/___ SEVIS ID# _____	
6. Remarks: _____ _____	
School Official's Name:	Title:
Signature:	Date:
E-mail:	Telephone:
School Name and Address: _____ _____	

**Please mail or fax the completed form to:**

International Student Program  
 Yakima Valley Community College  
 Post Office Box 22520  
 Yakima, Washington 98907-2520

Phone (509) 574-4878  
 FAX (509) 574-4747  
 E-Mail isp@yvcc.edu