Transfer-In

The information below is required before your transfer to YVC 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

Name:______________________________________________________________

Student ID # at current/previous U.S. school:________________________________

YVC ID#: ___________________________ First Academic Term at YVC:_____________________

E-mail:___________________________________________________________

1. Do you plan to travel outside the U.S. before beginning your program at YVC?
   [ ] Yes  [ ] No  If Yes, please give departure and return dates:______________________________

2. “I authorize my current/previous school to provide YVC with the information below. It is my intention to transfer to YVC.”
   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:
   [ ] is “maintaining status” and [ ] is/was “pursuing a full course of study.”
   [ ] is not [ ] 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 REDUCED COURSE LOAD the student was previously authorized for:
   ___________________________________________________________________________________
   ___________________________________________________________________________________

4. List all periods of previously authorized employment the student engaged in OPTIONAL and/or CURRICULAR PRACTICAL TRAINING.
   ___________________________________________________________________________________
   ___________________________________________________________________________________

5. If the student is in SEVIS, please provide the following:
   Student's Transfer Release Date 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 College
Post Office Box 22520
Yakima, Washington 98907-2520
Phone (509) 574-4885
FAX (509) 574-4747
E-Mail isp@yvc.edu

Yakima Valley College does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services and activities, or in employment.
All inquiries regarding compliance should be directed to the Director of Human Resource Services, YVC, South 16th Ave. & Nob Hill Blvd., Yakima, WA 98902: or call 509.574.4670