

International Student Transfer Form

To: Office of Admissions and Records – International Admissions
5800 Fulton Avenue
Valley Glen, CA 91401

Institution of Origin

From _____
Name of Institution _____
Address _____
City _____ State _____ Zip _____

Student Information

I am providing information regarding an international student transferring from our institution to Los Angeles Valley College.

Student's Name _____
SEVIS ID Number _____ Birthdate ____/____/____
Local Address _____
City _____ State _____ Zip _____
Area Code & Telephone Number (_____) _____
Initial Attendance Date ____/____/____ SEVIS Release Date ____/____/____

Has this student maintained full-time enrollment status at your institution from their initial attendance date to their final attendance date? Please check yes or no, if no please explain.

Yes _____
No _____

Number of Units Completed _____ Cumulative GPA _____

Does this student owe money at your institution? Please check yes or no, if yes give the total amount of owed and please explain.

Yes _____
No _____

Has this student applied for Optional Practical Training (OPT) or off-campus employment due to severe economic hardship? Please check yes or no, if yes was it granted? Please explain:

Yes _____
No _____

Has your institution ever taken disciplinary action against this student? Please check yes or no, if yes please explain

Yes _____
No _____

Designated School Official's Signature _____
Name _____
Title _____