

LOS ANGELES VALLEY COLLEGE

Transfer Student Verification

STUDENT STATUS VERIFICATION FORM

The following student has applied for admission to Los Angeles Valley College. Please complete and fax or email to our office. Do not transfer the student's SEVIS (Student and Exchange Visitor Information System) records until your school has verified student's acceptance to Los Angeles Valley College.

INTERNATIONAL ADMISSIONS

5800 Fulton Ave.
Valley Glen, CA 91401
Phone: (818) 778-5517
Fax: (818) 947-7283
Email: intlstud@lavc.edu

To Be Completed by Student (please print)

(Family) Last Name	Middle	First Name	
	N		
Date of Birth	SEVIS I.D. Number	I-94 Number	
Local Address			
City	State	Zip Code	Area Code & Telephone Number

To Be Completed by School Transferring From (please print)

Current School Name		
Address		
Area Code & Telephone Number	Area Code & Fax Number	
Student's Major	First Date Attended	Program End Date

Has this student maintained full-time enrollment status at your institution from their initial attendance 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, 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 _____

DSO's Signature	_____	Name	_____
Title	_____	Phone #	_____
Email Address	_____	Fax #	_____