



International Student Program

S. 16th Avenue & Nob Hill Boulevard, PO Box 22520, Yakima, WA 98907-2520

P: 509.574.4885 • isp@yvcc.edu • www.yvcc.edu/international

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: _____
First Middle Last

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: _____ / _____ / _____
(MM/DD/YY)

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@yvcc.edu