SEVIS Transfer Eligibility

VALENCIA
A BETTER PLACE TO START

Please type or print in ink all information requested

Admissions Office Use	Date:
Completed by:	
Campus of Record: ☐E ☐W ☐OSC ☐WP	

General Information

Last/Family Name	First/Given Name	Middle Initial	Social Security Number / Valencia ID

Section A: To be completed by the student

F-1 Appicants in the U.S.: To be eligible to transfer to Valencia Community College (VCC), you MUST have maintained a F-1 status at your previous institution. VCC requires you and the Designated School Official (DSO) at your insititution to complete this form and to submit it to the Admissions Office before a I-20 can be issued.

Term of Application: ☐ Fall ☐ Spring ☐ Summer, 20_____ .

Campus of record:

☐ VCC EAST
701 N Econolockhatchee Trail
Orlando, FL 32825
407-582-2220 fx: 407-582-8909

☐ VCC West
1800 S. Kirkman Road
Orlando, FL 32811
407-299-1507 fx: 407-582-1866

I hereby authorize the Designated School Official of my current insitution to provide the information requested below.

_____ _____
STUDENT'S SIGNATURE DATE

Section B: To be completed by the DSO of the current institution

Please provide the information requested below, to the best of your knowledge and mail to the appropriate campus at the above address (a copy may be also provided by fax.

SEVIS ID: # _____

Did the student participate in OPT/CPT/Economic Necessity employment? ☐ Yes ☐ No

Does the student have any financial obligations to your school? ☐ Yes ☐ No _____
Include dates of OPT & Ec Hardship especially

Will this student complete his/her current program? ☐ Yes ☐ No

Date of program completion or Date of last attendance: ___/___/____
mm dd yyyy

Is this student "in-status" as defined in 8CFR214.2? ☐ Yes ☐ No Termination date ___/___/___
mm dd yyyy

If out of status, please explain: _____

_____

PLEASE PERFORM TRANSFER-OUT WITHIN THE 60 DAY GRACE PERIOD.

_____ _____
DSO NAME DATE

_____ _____
DSO SIGNATURE DATE

_____
INSTITUTION NAME/ADDRESS