

# SEVIS TRANSFER ELIGIBILITY

Please type or print in ink all information requested.

LAST/FAMILY NAME	FIRST/GIVEN NAME	VID:
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## SECTION A: To be completed by the student.

To be eligible to transfer to Valencia College, you MUST have maintained F-1 status at your previous institution. Valencia requires you and the Designated School Official (DSO) at your institution to complete this form and to submit it to International Student Services before an I-20 can be issued.

Term of Application:  Fall, 20\_\_\_\_  Spring, 20\_\_\_\_  Summer, 20\_\_\_\_

Campus of Record:  **Valencia College East**  
701 N. Econlockhatchee Trail  
Orlando, FL 32825  
Tel: 407-582-2220  
Fax: 407-582-8870  
SEVIS Code:  
MIA214F00964001

**Valencia College West**  
1800 S. Kirkman Road  
Orlando, FL 32811  
Tel: 407-582-5830  
Fax: 407-582-5723  
SEVIS Code:  
MIA214F00964000

**Valencia College Osceola**  
1800 Denn John Lane  
Kissimmee, FL 34744  
Tel: 407-582-4390  
Fax: 407-582-4181  
SEVIS Code:  
MIA214F00964003

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

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

## SECTION B: To be completed by the DSO of the current institution.

The student named above has applied for admission to Valencia College. We would appreciate your cooperation in responding to the following questions to determine his/her eligibility to transfer. If you have any questions, please feel free to contact us.

1. Is this student eligible to continue at your institution?  Yes  No  
If no, please explain \_\_\_\_\_
2. Has this student experienced financial difficulties?  Yes  No  
If yes, please explain \_\_\_\_\_
3. Has this student been granted Practical Training?  Yes  No  
If yes, type and dates:  Curricular  Optional From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_  
 Curricular  Optional From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_
4. Did the student maintain his/her non-immigrant status?  Yes  No  
If no, please explain \_\_\_\_\_
5. Indicate dates student was in F-1 Status: From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_
6. What is the anticipated SEVIS transfer release date after admission to Valencia College?  
 Upon Student Admission  Release Date for Admitted Student: \_\_\_\_\_
7. Date of Graduation or Last Semester/Quarter Attended: \_\_\_\_\_
8. Any additional remarks \_\_\_\_\_

DSO/PDSO Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Institution: \_\_\_\_\_ Email: \_\_\_\_\_

Please return this form to the appropriate campus designated above by the student.