



SEVIS TRANSFER ELIGIBILITY FORM  
F-1 Students Applying to Transfer to Paradise Valley Community College

Please complete and sign Part 1 and ask your current International Student Advisor to provide the information in Part 2. This form must be completed and sent to: Paradise Valley Community College, International Student Admissions, 18401 N. 32<sup>nd</sup> St., Phoenix AZ 85032; phone: 602-787-7020, fax: 602-787-7025 or scan, attach as a PDF and email it to: [international.students@paradisevalley.edu](mailto:international.students@paradisevalley.edu).

The SEVIS School Code for Paradise Valley Community College is: **PHO214F00483000**.

Part 1 (To be completed by the student)

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby authorize my current International Student Advisor or Designated School Official to provide the information requested by Paradise Valley Community College in part 2 of this form.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Part 2 (To be completed by the International Student Advisor/Designated School Official)

**Note: This is NOT the student's OFFICIAL TRANSFER RELEASE request for your institution. This is only used for the purpose of determining admission to PVCC for the above student. Please wait to transfer the student's SEVIS record until after the student has received an acceptance letter from us and presented a copy to you.**

Admission/ I-94 # \_\_\_\_\_ SEVIS ID: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_ Graduation date: \_\_\_\_\_

Degree & major pursued at your institution: \_\_\_\_\_

Is this student eligible to continue at your institution? \_\_\_ Yes \_\_\_ No

Has the student ever been on academic suspension or probation? \_\_\_ Yes \_\_\_ No

Transfer release date, upon confirmation of admission: \_\_\_\_\_

Is/Was the student in status? \_\_\_ Yes \_\_\_ No (If no, please explain in comments section.)

Is/Was the student pursuing a full course of study when last enrolled? \_\_\_ Yes \_\_\_ No

Has the student met all financial obligations at your institution? \_\_\_ Yes \_\_\_ No

Please list any periods of Practical Training (Please specify the type of Practical Training along with the dates of authorized periods.):

\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Printed Name of Advisor/DSO: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_