ROCK VALLEY COLLEGE

International Student
Transfer Authorization Form

The student is responsible for completing the top part (Section A) of the transfer form and taking it to the school that they are leaving. The institution that they are leaving should fill out the bottom part (Section B) of this page and mail the form to the address at the bottom of the page.

Section A: To Be Completed By Student

Name _____ _____
Last Name (Family Name) **First Name**

Telephone Number _____ **Email** _____

Mailing Address _____ **State** _____ **Zip** _____

City of Birth _____ **Country of Citizenship** _____

I-94# _____ **Social Security** _____

Date of Birth _____

By Signing below, I authorize the International Student Advisor to provide the information requested.

_____ _____
Date ***Student's Signature***

Section B: To Be Completed By DSO At The School You Are Leaving

□ ***F-1***
□ ***J-1***
□ ***Other*** _____
□ ***Student has been continuously enrolled full-time and is eligible for notification transfer.***
□ ***Student is not currently enrolled. The last term of enrollment was completed on*** _____
□ ***The student is out of status. A reinstatement application was filed on*** _____
□ ***The student is out of status*** _____
Comments

Please indicate any period of authorized practical training or off-campus employment.
Type of training or employment _____ ***Date*** _____

Type of training or employment _____ ***Date*** _____

Institution _____

DSO _____ ***Title*** _____

Signature _____ ***Date*** _____

Please return to:

RVC-ISS@rockvalleycollege.edu
Rock Valley College
3301 N. Mulford Rd
Rockford, IL 61114

Or fax to (815) 921-4269