

Fox Valley Technical College International Student Services 1825 N. Bluemound Dr., P.O. Box 2277 Appleton, WI 54912-2277 Office (920) 735-4893 FVTC School Code: CHI214F20452000

F-1 Student Transfer Authorization Form

Last Name (family)	First Name		Middle Name	
Students Signature		Date (Month/Day/Year)	FVTC Student ID	
Students who are out of status be granted transfer admission.	-	_	· · · · · · · · · · · · · · · · · · ·	
To be completed by the Designated Sc Name of Institution	hool Official (DSO)	at the current or last United St	ates institution	
Phone Number		E-mail address		
Specify the type of program: \square High School	☐ Language Schoo	1 other, please specify		
Authorized periods of Practical Training:	ne 🗆 CPT 🗆 OPT	From To		
Has the student met all financial responsibilities?	☐ Yes ☐ No			
☐ The student named above: (1) has been enrolled not have a gap greater than 5 months between or Technical College; and (5) the student's SEVIS	empletion of studies at the	current school or completion of OPT and t	the anticipated start of studies at Fox Valley	
☐ This student would be eligible to continue studi	es at the current school.			
☐ This student is/will be on OPT (do not release by FVTC, any approved OPT will be automatically		VTC until OPT is completed or to be given	up; once the SEVIS records is transferred to	
☐ This student is not eligible to transfer because s	he is out-of-status and ha	s been advised to apply for reinstatement.		
The release date for transfer is:				
SEVIS Number:				
School Official Name		Title		
School Official Signature		Date		