



1502 E. Lauridsen Blvd., Port Angeles, WA 98362, USA • Phone: (360) 417-6491 • Fax: (360) 417-6482

Transfer Student Information Form

Date: _____

From: Peninsula College

Name of Student: _____

Start Term: _____

Please sign the release of information section of this form and give it to your foreign student advisor at the school you currently attend or most recently attended.

I grant permission for the information requested below to be released to Peninsula College.

Applicant's Signature

Date

The Following Needs To Be Completed By Current Foreign Student Advisor or Designated Official

1. Current immigration status:

I-20 Completion Date: _____ SEVIS Number: _____

"___ The student is in good standing and is/has been pursuing a full course of study

"___ The student is out of status0 _____

"

Comments: _____

2. Date of last attendance at your school: _____

3. Transfer Release Date: _____ aa'(Please release to: Peninsula College – SEA214F00008000)

4. Please indicate the dates of any Practical training in which the student has participated (if any):

Curricular: _____ Optional: _____

Name: _____ "Title: " _____ a

Institution: _____ "Phone: " _____ a

Signature: _____ Date: " _____

Please return the form to: International Programs
Peninsula College
1502 E. Lauridsen Blvd.
Port Angeles, WA 98362

Or, uecp'cpf 'go chltq<'*****'lpvgt pc vqpcrB rgpeqof w'