



International Student Transfer Form

VALLEY CHRISTIAN ACADEMY

Part 1: To be completed by the applicant

Please complete Part 1 of this form and give it to your current International Student Advisor to complete Part 2.

I authorize my present International Student Advisor to provide the information below.

Student's Signature: _____ Date: _____

Student's Name (last): _____ (first): _____

Part 2: To be completed by the International Student Advisor

The above named student has applied to Valley Christian Academy. **Valley Christian Academy's Code: SFR214F51185000**

Please answer the following questions below and return this form to:

Director of Admission
Valley Christian Academy
301 W. Whyte Avenue
Roseville, CA 95678

Phone: 916/728-5500
Fax: 916/721-3305

Student SEVIS ID #: _____

1. The student pursued a full course of study the last semester at our institution: Yes No

2. What were the student's dates of attendance? _____

3. The student is eligible to transfer to Valley Christian Academy?: Yes No
RTI Release Date: _____

I certify that the preceding is correct.

Signature of School Official: _____

Name and Title: _____

Name of School: _____

Address: _____

Phone Number: _____

E-mail: _____