



Silicon Valley University

Transfer Evaluation Form

To: Student's Last School Official
FROM: Administrative Office, SVU
RE: International Student Transfer Record

The student whose name appears below plans to continue his/her education at SVU in the _____ semester, year _____. Please complete this form and return/fax it to us for processing as soon as possible. Thank you for your assistance.

Student Name (Please be very carefully in all spelling, hyphenation, and capitalization)

Official Name: _____

Admission Number: _____

Name of last school: _____

School Address: _____

Last Term enrolled: [] Spring, [] Summer, [] Fall, [] Winter Year: _____

Last date of attendance: _____

Field of Study: _____

Student's academic Standing: [] Good, [] Fair, [] Poor

Is the Student Eligible for Transfers: [] Yes, [] NO

SEVIS ID: _____ Release Date: _____

Remark: _____

Name & Title: _____

Signature: _____ Date: _____

Telephone: _____ Fax: _____