

OFFICE OF INTERNATIONAL STUDENT SERVICES  
HUDSON VALLEY COMMUNITY COLLEGE  
80 VANDENBURGH AVENUE  
TROY, NEW YORK 12180  
(VOICE) 518-629-HVCC or 877-325-HVCC  
(FAX) 518-629-7496  
Email: [deitcjay@hvcc.edu](mailto:deitcjay@hvcc.edu)

## International Student Transfer Report

To The Student: Please ask your International Student Advisor or ESL Program Director where you were last legally authorized to attend to complete this form.

**Name of Applicant:** \_\_\_\_\_  
**Applying for:** Spring      Fall      Year

I AUTHORIZE MY PRESENT INTERNATIONAL STUDENT ADVISOR OR ESL PROGRAM DIRECTOR TO PROVIDE THE INFORMATION BELOW AS PART OF MY APPLICATION FOR ADMISSION TO HUDSON VALLEY COMMUNITY COLLEGE.

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
(student)

TO THE INTERNATIONAL STUDENT ADVISOR/ESL PROGRAM DIRECTOR:

The student named above is applying to Hudson Valley Community College. We require verification of the following information before we issue an I-20 and process his/her application. We would very much appreciate your answering the following and returning the report to us.

What type of visa is the applicant currently holding?

If F-1, what is the student's I-20 number? \_\_\_\_\_

SEVIS ID# \_\_\_\_\_ Release Date: \_\_\_\_\_

When does this student's visa expire? \_\_\_\_\_

Permission to stay (Form I-94) valid until?

On what date did this applicant first arrive in the U.S.?

What is the date of completion on the student's original I-20 to your school?

What is the length of the program?

Dates of student's attendance: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Has the applicant fulfilled all his/her financial obligations? \_\_\_\_\_yes \_\_\_\_\_no

Could the applicant continue to student at your institution? \_\_\_\_\_yes \_\_\_\_\_no

Any additional comments you wish to make? \_\_\_\_\_

Name of Advisor/Director: \_\_\_\_\_ Signature \_\_\_\_\_

Name of Institution:

Address of Institution: \_\_\_\_\_

Phone number of Institution: \_\_\_\_\_ Date: \_\_\_\_\_