



# VIRGINIA CHRISTIAN UNIVERSITY

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## INTERNATIONAL STUDENT TRANSFER FORM

### Part I - To be completed by the student

**To the student: Please complete this portion of the form and submit it to the International Student Advisor at your current or most recent school.**

Student Name: \_\_\_\_\_

Admission Term: \_\_\_\_\_ Program: BBS / M.Div

*Date of Birth:* / / *Phone Number:* *E-mail:* \_\_\_\_\_

*Current Address:*

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

I request and authorize the International Student Advisor to provide the information below as part of my application for admission to Virginia Christian University.

Signature of Student: \_\_\_\_\_ Date: / /

### Part II - To be completed by the international student advisor at the Transfer-In school

#### F-1 Status Verification

**To the International Student Advisor: To complete this student's admission in a timely and accurate manner, we need to verify the student's F-1 status. Please provide the following information:**

1. Last date of full-time enrollment at your institution: \_\_\_\_\_
2. Student's level of education sought at your institution: \_\_\_\_\_
3. To the best of your knowledge, has the student acted in accordance with DHS regulation and is the student eligible for transfer under F-1 regulation?  Yes  No

If the student's SEVIS record has been terminated, please call the Admission's Office at 703-629-1281 or email before releasing the record.

4. SEVIS number: \_\_\_\_\_ Earliest release date: \_\_\_\_\_

**Please do not release the SEVIS record until the student gives you a copy of his or her admission letter. The admission letter should have been issued the Director of Registration with this verification form. Please release to the Virginia Christian University.**

P/DSO Name: \_\_\_\_\_ P/DSO Signature: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date: \_\_\_\_\_ Fax number: \_\_\_\_\_

Please email or fax this form to: Director of Registration of Virginia Christian University  
Email: [vacuniv@gmail.com](mailto:vacuniv@gmail.com) Fax: 703-657-0690