MENLO COLLEGE
Silicon Valley's Business School

Transfer Evaluation Form

Student

Student's Name: _____
Last First Middle

Birthdate: _____
Month Day Year

I, _____ on _____, grant permission for the information requested below to be forwarded to Menlo College.

International Student Advisor

The Student named above has applied for admission and transfer to Menlo College. Please provide the information requested below and send this form to:
Menlo College, 1000 El Camino Real, Atherton, CA, 94027-4301.

_____
Admissions Number SEVIS Number

_____
Dates of Attendance

To the best of your knowledge, has this student maintained compliance with his/her F-1 status? (Circle one) YES | NO
If no, please explain under comments.

Is this student eligible to continue at your institution? (Circle one) YES | NO
If no, please explain under comments.

_____
Date of Expected Graduation or End of Program

_____
Authorized Periods of Practical Training

|___|___|___| 2 | 1 | 4 | F |___|___|___|___| . |___|___|___| _____
School File Number SEVIS Release Date

Comments _____
_____
_____

_____
Your Name Title

_____
Phone Number E-mail Address

_____
Signature Date

Institution and Address _____
_____
_____