

**PULASKI TECHNICAL COLLEGE**  
**INTERNATIONAL STUDENT ADMISSIONS**

**NOTIFICATION OF TRANSFER**

The student named below has indicated his/her intention to transfer to Pulaski Technical College. Please provide the information requested in order that the student's eligibility for transfer may be determined. Thank you.

**Section A: Completed by the Student**

Student's Name: \_\_\_\_\_  
(Family Name) (First) (Middle)

Date of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
(Mo/day/yr)

I hereby authorize the release of the information below:

\_\_\_\_\_  
Student's Signature Date

**Section B: Completed by the Foreign Student Adviser (F.S.A.)**

SEVIS Release Date: \_\_\_\_\_ SEVIS I.D. Number: \_\_\_\_\_

1. Student's non-immigrant status: F-1 \_\_\_\_\_ J-1 \_\_\_\_\_ Other \_\_\_\_\_ (please indicate)
2. To the best of your knowledge, has the student maintained all requirements to maintain non-immigrant status? Yes No (If no, please explain in the comments section below.)
3. If the student is not in good standing, has an application for reinstatement been filed?  
Yes No (If yes, the student should provide a copy for PTC's files)
4. What are the dates of enrollment at your school?  
Beginning \_\_\_\_\_ Last Enrolled \_\_\_\_\_
5. Please indicate any period of off-campus employment authorization granted to this student:  
(type and dates) \_\_\_\_\_  
\_\_\_\_\_
6. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of F.S.A. \_\_\_\_\_ School: \_\_\_\_\_  
Signature of F.S.A. \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or fax completed form to:

Beth Trafford  
Pulaski Technical College  
3000 West Scenic Drive  
North Little Rock, AR 72118 USA  
Phone: 501-812-2395  
Fax: 501-812-2733  
E-mail: btrafford@pulaskitech.edu