

**Transfer Eligibility Form  
For Student With SEVIS Form I-20  
Parkway Christian Academy**

**To be completed by the applicant:** All International Students in Student (F-1) Status who are transferring from other U.S. institutions are required to submit proof of eligibility to transfer. Please fill out the information below and give this form to the International Student Advisor (DSO) where you are currently enrolled or last attended.

Applicant's Name \_\_\_\_\_  
Family Given Middle

Current U.S. Address \_\_\_\_\_  
Address  
\_\_\_\_\_  
City Province/Territory Postal Code

I request and authorize my present Designated School Official/International Student Advisor to provide the information below as part of my application for admission to Parkway Christian Academy. **I understand that the SEVIS Form I-20 must be released from my current school within 60 days of my program end date on the SEVIS Form I-20.**

\_\_\_\_\_  
Student Signature Date

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**To be completed by the International Student Advisor/Designated School Official.** The student indicated above is intending to transfer to Parkway Christian Academy. Please complete the information below and return by mail, fax, or as a scanned copy by email.

1. Student's SEVIS I-20 number: \_\_\_\_\_
2. Name of School and SEVIS number: \_\_\_\_\_
3. Address of School: \_\_\_\_\_
4. Last date of expected attendance: \_\_\_\_\_
5. SEVIS "Transfer Out Date": \_\_\_\_\_
6. Is the student currently is status with BCIS? \_\_\_\_\_ Yes \_\_\_\_\_ No (If "no", please explain)  
\_\_\_\_\_
7. Does the student have any outstanding financial obligations to your school? \_\_\_\_\_

\_\_\_\_\_  
Name of DSO Signature of DSO Date Telephone #

Please return by mail, email, or fax.  
Mail to: Attn: Troy Dixon, Parkway Christian Academy, 3230 King Street, Roanoke, Va. 24012-6421  
Email to: [troy@parkwaychristianacademy.org](mailto:troy@parkwaychristianacademy.org) Fax to: (540) 982-2005