

**Notification of Transfer:  
SEVIS Transfer In Request**

UA - Pulaski Technical College  
3000 West Scenic Drive  
North Little Rock, AR 72118  
501-812-2231 | Fax 501-771-5919



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

**Section A: Completed by the Student**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ UA-PTC ID #: \_\_\_\_\_  
(mo/day/yr)  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
How would you like your UA - Pulaski Technical College I-20 delivered to you?  
 Pick up in the UA-PTC Admissions Office  
 By Mail to: \_\_\_\_\_

I hereby authorize the release of the information below: \_\_\_\_\_  
*Student's Signature* *Date*

**Section B: Completed by the Current/Previous International Advisor**

SEVIS Release Date: \_\_\_\_\_ SEVIS I.D. Number \_\_\_\_\_  
Current I-20 Program End Date: \_\_\_\_\_ If applicable, OPT End Date: \_\_\_\_\_

Student's non-immigration status:  F-1  J-1  Other \_\_\_\_\_

Is this student in good academic standing?  YES  NO (if no list explanation below)

Is this student in good standing with USCIS?  YES  NO (if no list explanation below)

Has this student ever been or in the process of being reinstated?  YES  NO (if yes, list explanation below)

Please indicate any period of off-campus employment authorization granted to this student: (types and dates)

Name of School Official \_\_\_\_\_ Title: \_\_\_\_\_

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please mail or fax completed form to:

Office of Admissions  
UA-Pulaski Technical College  
3000 West Scenic Drive  
North Little Rock, AR 72118

School Code:  
NOL214F10872000  
Phone: 501-812-2231  
Fax: 501-771-5919  
Email: [admissions@uaptc.edu](mailto:admissions@uaptc.edu)