

Transfer Form

*If you have attended a college or university in the United States prior to attending Andrews University, please fill out this form. Note that the new I-20 from Andrews University must be obtained within 60 days of the last date of your full-time attendance at the previous school.

Please sign your name below and give this form to your International Student Advisor at the school you now attend or most recently attended.

I grant permission for the information requested below to be released to Andrews University.

Print Name	Signature	Date
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SEVIS record to be released on _____.

To: USCIS Designated School Official:

The above-named student has applied for admission to Andrews University. In compliance with USCIS regulations we request confirmation of his/her status at your institution before approving transfer to this school. Please complete the following and fax or mail to: International Student Services, Andrews University, Berrien Springs, MI 49104-0300

- Current Immigration Status:
Completion Date on I-20 _____ I-94 # _____
SEVIS ID # _____ SEVIS Release Date _____
- Please check one of the following:
 The student is in good and is/has been pursuing a full course of study (or has already been reinstated to status by USCIS)
 The student is out of status and a reinstatement to student status was filed on _____ at USCIS (District: _____) and is pending. (Please enclose copies of documents filed with USCIS).
 The student is out of status, and we will advise him/her to apply for reinstatement upon receipt of a new I-20 from Andrews University.
 Other: _____
- Date of last full-time attendance at your school: _____
- Did the student complete his/her academic program? (Y/N) _____
- Please indicate the dates of any practical training (Curricular or Optional):
Curricular _____ Optional _____

Name and Title of Designated School Official completing this form _____ Signature _____

Name of Institution _____ Date _____

Address _____ Telephone Number _____ E-mail Address _____