

Transfer Form

Ashland University
International Student Services
401 College Avenue
Ashland, Ohio 44805

Take this **TRANSFER FORM** along with your **LETTER** offering conditional acceptance to your current school's advisor.

TO BE COMPLETED BY THE STUDENT:

Name _____ SEVIS ID Number (if available) _____

Admission Number (11-digit number found on the top left corner of I-94 form) _____

Current address: _____
Street Number and Name

City State Zip code

Telephone _____ E-mail _____

I give permission for my present school to release the information requested on this form.

Signature

Date

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR, then faxed to 419-289-5629, or mailed to the International Students Office at Ashland University. This form should be accompanied by a letter to above-named student that offers conditional acceptance from Ashland University.

Yes No

1. Is this student currently attending the school that s/he was last authorized by the INS to attend?
 - Student did not report to this school
 - Student reported to this school, but did not complete registration or attend classes.
 - Student is currently enrolled in a full-time program, and has been enrolled since _____
 - Student began this program on _____ and completed the course of study on _____
 - Student did not complete the course of study. His/her last day of attendance was _____
 - Student is in reinstatement or change of status proceedings (please explain on reverse).
 - Other _____

2. On what date does the program/semester/quarter that the student is currently enrolled in end? _____

Yes No

3. Has this student had any financial problems with your institution?
If yes, please explain on the reverse side.

Yes No

4. To the best of your knowledge, is this student "in status" with the INS?
If no, please explain on the reverse side.

Check all applicable:

_____ This student is considered to be in full-time status and is eligible to transfer. I will release his/her records in SEVIS to Ashland University on _____ (date).

_____ This student is "out of status" and should be advised to apply for reinstatement.

_____ This student's current status is unknown. (Please clarify in comments section)

COMMENTS:

Name and address of school: _____

Telephone: _____ Fax: _____

INS School Code: _____

Name and Title of DSO: _____

Email: _____

Signature of DSO: _____ Date: _____