International Student Transfer Form

To the International Student: Please complete Section 1 of this Transfer Form and ask your current International Student Advisor to provide the information in Section 2. Return the completed form to us at the address at the bottom of this form.

Section 1 (to be completed by the student)

<table>
<thead>
<tr>
<th>Last Name/Family Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
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<tbody>
<tr>
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</table>

Address

Address

City/Province          State          Zip          Country

Date of Birth          (mm/dd/yyyy)   Country of Citizenship

__________________________________________
Phone Number           Alternate Phone Number

Email Address

I-94 number

Expected Term of Transfer

Semester you intend to enroll at DSU: [ ] Fall 20  [ ] Spring 20  [ ] Summer 20

I hereby authorize my current International Student Advisor or Responsible Officer to complete and provide the information below as part of my application for admission to Delaware State University.

Student Signature: ________________________________ Date: ___/___/_____

Please return this form to:
Office of International Student Services
Delaware State University
1200 N. DuPont Highway
Dover, DE 19901
Fax 302-857-6567
Office 302-857-6474
Section 2 (to be completed by International Student Advisor)

Student’s Name (please print): ______________________________________________________

Student’s initial date of entry into the US: ____________________________________________

Student’s last date of attendance at your school: _________________________________

SEVIS ID number: ______________________ SEVIS transfer/release date: ________________

I-94 admission number: ___________________________________________________________

Current immigration status (please check one):

[ ] To the best of my knowledge, this student is in status and is eligible to transfer to DSU
[ ] To The best of my knowledge, this student is out of status and is not eligible to transfer to DSU

If student is out of status, has reinstatement petition being filed? [ ] Yes [ ] No

Please enclose copies of any documents filed.

Did the student complete a degree program during his/her attendance at your school? [ ] Yes [ ] No

Degree Level: ________ Major: ___________ Date completed (if applicable) ___/_____/______

Has the student met all financial obligations? [ ] Yes [ ] No

Has the student maintained full-time status? [ ] Yes [ ] No

Do you recommend this student for transfer? [ ] Yes [ ] No

This student is in Optional Practical Training, beginning date: _______/_____/______, ending date: ___/_____/______

This student has previously been granted Practical Training; please specify type (s) and date(s):

_____________________________________________________________________________

Name/Title of person completing this form: ___________________________________________

Name of institution: _______________________________________________________________

Address of institution: ___________________________________________________________________

City, State, Zip: _______________________________________________________________________

Telephone & Fax: _______________________________________________________________________

E-mail Address: _______________________________________________________________________

Advisor/ Officer Signature: _____________________________________________________________ Date: __/_____/______

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