

INTERNATIONAL STUDENT SERVICES
DELAWARE STATE UNIVERSITY
1200 North Dupont Highway, Dover, DE 19901
Phone: 302-857-6474/Fax: 302-857-6567

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)

Last Name/Family Name	First Name	Middle Name
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Address

Address

City/ Province	State	Zip	Country
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Date of Birth	(mm/dd/yyyy)	Country of Citizenship
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Phone Number	Alternate Phone Number
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Email Address

I-94 number	Expected Term of Transfer
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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

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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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