



This form is to be completed only by international applicants transferring from an educational institution or ESL program located in the United States of America. It must be sent from the international student advisor at the institution from which the student is transferring, directly to our admission office. Freshman applicants are required to complete this form if they are graduating from a high school in the United States.

SECTION I: To Be Completed by Student

Applicant's name as it appears on passport: Family Name/Surname First/Given Name Middle Name

Date of birth: / / Country of birth: Country of citizenship:

Semester intended to transfer/enroll: Fall Spring Year:

University/School I am transferring from:

I request and authorize my present international student advisor (or equivalent campus official) to provide the information below as part of my application for admission to St. Edward's University.

Student's signature: Date:

SECTION II: To Be Completed by International Advisor/Designated School Official at Current School

NOTE: Completion of this form is necessary to ensure proper immigration advising to incoming students. It is understood that information provided is current only as of the date of signature, and that transfer of the student's SEVIS record will take place at the end of the current term (for enrolled students) and only upon notification by the student of acceptance and intention to attend St. Edward's University. In SEVIS, we are listed as St. Edward's University (School Code: SNA214F00337000).

The above-named student last attended on Semester Year

SEVIS ID#:

As of this date, is the student in valid F-1 status? Yes No

If the student is out of status:

- A reinstatement to student status is pending. (Copies of documents filed with USCIS are enclosed.)
Student has been advised that a reinstatement will be required upon enrollment at the new school.

List any optional practical training or curricular practical training this student has been approved for (please include beginning and ending dates):

Remarks:

Name and title of DSO completing this form:

School name: Address:

Telephone: () Fax: ()

E-mail:

Signature: Date: