Middle Name



Last Name/Surname

International Student Transfer Form

ONLY students currently attending colleges and universities in the United States should complete this form.

First Name

Student:

Student:

If you are currently attending a college or university in the United States, please have your international student advisor at that institution complete this form and upload the form to your application file on the <u>self-service center</u>.

Student's Social Security Number (if previously assigned):						
I hereby authorize the international st form and mail, e-mail or fax it dire				_	=	
Applicant's Signature:					ate:	
International Student Advisor: The international student whose name a Moorhead. Before the student's USCI the student's application form, as well a	S transfer process is	complete, v	ve need verific			
Is this student in good standing at your	institution?	Yes	No			
Has this student maintained full-time academic status as required by USCIS? Yes				Yes	No	
Is the student eligible to return or continue at your institution? Yes No						
Student's initial date of attendance:						
Student's last date of attendance: _						
What visa status does the student curre	ently hold?					
Please list the student's SEVIS Nur	nber:					
Please list any approved periods of CPT	OPT:					
Please list any approved periods of reducourse load, medical or other:	uced					
Has the student experienced any financ	ial problems while at	tending you	r university?	Ye	s No	
If yes, please explain:						
International Student Advisor Name:						
Institution Name:						
Address:						
City/State/Zip:						
Phone Number:			E-mail:			
Signature of International Student Advisor:					Date:	