

MARIAN COLLEGE
INDIANAPOLIS

International Student
Transfer Information Form

Date: _____

From: _____

(New School)

To: _____

(Name of student)

Term: _____

Please sign the release of information section of this form and give it to your foreign student advisor at the school you now attend or most recently attended.

I grant permission for the information requested below to be released to _____
(Name of school)

(Applicants Signature)

(Date)

To: **INS Designated School Official**

The above-named student has qualified academically for admission to _____
(Name of school)

In compliance with INS regulations, effective May 22, 1987, we request confirmation of his/her status at your institution before approving transfer to this school. Please complete the following and return to:

(Name and address of new school)

1. Current Immigration Status

I-20 or IAP-66 _____ Completion Date on Document _____ I-94 Expiration Date

Exchange-Visitor Program # _____ Category _____

_____ The student is in good standing and is/has been pursuing a full course of study (or has already been reinstated to status by INS).

_____ The student is out of status and a reinstatement to student status was filed on _____ at INS _____ and is pending. (Please enclose copies of documents filed with INS).
(District)

_____ The student is out of status and we will advise him/her to apply for reinstatement upon receipt of a new I-20AB from _____
(Name of new school)

_____ Other: _____

2. Date of last attendance at your school _____

3. Please indicate the dates of any practical training (curricular, optional, academic) in which the student has participated:

Curricular _____ Optional _____ J-1 Academic _____

Name and Title of Designated School Official completing this form

Signature

Name of Institution

Date

Address

Telephone Number