Transfer Eligibility Form
To establish immigration clearance for those international students who are currently attending another U.S. school and who will not leave the U.S. before attending Valdosta State University.

SECTION A: To be completed by Student

Last Name, First Name (as it appears on your I-20 or passport): _________________________________

Sex (circle one): Male  Female  Date of Birth: Month _____ Day _____ Year _____

City of Birth: __________________  Country of Birth: _________________________________

Country of Citizenship: _________________________

Student Signature: ______________________________________

SECTION B: To Be Completed by the International Student Advisor/DSO at current institution

The above named student intends to transfer to Valdosta State University. We are requesting the following information to determine the student’s eligibility for transfer:

SEVIS record release date: ______________  Current visa status (F, J, M): _______________

Is this student enrolled in SEVIS: ___YES ___NO  SEVIS ID #: __________________

Student’s dates of attendance: From ___________ To ___________

Is the student in status: ___YES ___NO

Does the student have an outstanding financial responsibility to the institution: ___YES ___NO

Is the student in good academic standing: _____YES _____NO

Current School: _________________________________________________________________________

Address: ______________________________________________________________________________

______________________________________________________________

Name and Signature of DSO

Phone: _________________________ Fax: _________________________ E-mail: _______________________

Date: __________________________

Please return the completed form to the address above.