

VALDOSTA STATE UNIVERSITY

Center for International Programs 1500 N. Patterson St. Valdosta, GA. 31698
phone: 229-333-7410 fax: 229-245-3849

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: Male Female **Date of Birth:** Month ____ Day ____ Year ____

City of Birth: _____ **Country of Birth:** _____

Country of Citizenship: _____

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 ID #: _____

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

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

Has the student completed any authorized periods of Practical Training? ____ YES ____ NO

Type of training: _____

School: _____

Address: _____

Name and Signature of DSO _____

Phone: _____ Fax: _____ E-mail: _____

Date: _____

Please return the completed form to the address above.