

VALDOSTA STATE UNIVERSITY

English Language Institute 1500 N. Patterson St. Valdosta, GA. 31698

Phone: 229-219-1246 Fax: 229-219-1236

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.