



INTERNATIONAL STUDENT VISA TRANSFER APPLICATION

SIDE 1- INTERNATIONAL STUDENT

DIRECTIONS: SIDE 1 is to be completed by the international student who is wishes to transfer from one USA institution to another USA institution. SIDE 2 must be completed by an International Advisor at the current or most recent institution you have attended. THIS FORM MUST BE SENT DIRECTLY TO Mayville State University FROM the advisor.

SEVIS ID #: _____ I-94 Admission/Departure #: _____

Family/Last/Surname _____ First _____ Middle /Other _____

Complete permanent mailing address _____ City _____ State/Province _____ Postal code _____ Country of citizenship _____

Immigration status _____ Date current SEVIS I-20 or SEVIS IAP-66 expires _____ Date of last entry to USA: _____ (mm/dd/year) (mm/dd/year) (mm/dd/year)

School or agency issuing CERTIFICATE OF ELIGIBILITY (SEVIS I-20 or SEVIS IAP-66) for original entry to USA: _____

_____ Date of initial attendance to USA institution: _____ (mm/dd/year)

STUDENT'S PERMANENT ADDRESS:

Complete permanent mailing address _____ City _____ State/Province _____ Postal code _____ Country of citizenship _____

Permanent telephone number including country code and city code _____

Permanent e-mail address _____

STUDENT'S CURRENT MAILING ADDRESS;

Complete current mailing address _____ City _____ State/Province _____ Postal code _____ Country of citizenship _____

Current telephone number _____

Current e-mail address, if different from above _____

IF you have dependents in the United States of America, complete the following: (add more space or paper if needed)

Table with 5 columns: Dependent's name, Date of birth, Country of birth, Country of citizenship, Relationship to transfer. Rows 1 and 2.

Reason for seeking transfer to Mayville State University: _____

What semester do you plan to enter Mayville State University? [] Fall [] Spring [] 200__ to 200__

CERTIFICATION "I authorize my current or most recent international advisor to verify the above information and to provide the additional information requested on the reverse side of this form. I understand it will be held confidential, and that the advisor will mail this verification form to Mayville State University."

Signature of Applicant _____

Date signed _____

SIDE 2- FOR ADVISOR

The international student named on reverse side is applying for admission to Mayville State University, 330 Third Street NE, Mayville, ND 58257 USA. Please verify the information he/she provided by completing questions below. Please send this original paper form to us at the above address. For information about our school, see our web site: www.mayvillestate.edu. Thank you in advance for your valuable time and assistance.

ACADEMIC ELIGIBILITY

Is the student in good standing at your institution? Yes No

Is the student eligible to return/continue at your institution? Yes No

If no, explain.

ENGLISH PROFICIENCY

Rate the student's English proficiency as Excellent Good Average Poor

Basis for rating:

TOEFL score _____ Other English proficiency evaluation (please list)

FINANCIAL SUPPORT

Has the student experienced any financial problems at your institution? Yes No

If yes, please explain.

IMMIGRATION

What is the student's immigration status? F-1 F-2 J-1 J-2 Other (specify) _____

What is the student's admission number? # _____ SEVIS ID #: _____

If the student holds a J Visa (exchange visitor visa), who is the sponsor? _____

<i>Program number</i>	<i>Category</i>	<i>Expiration date</i>

For F1 Visa, list any periods of curricular practical training (CPT):

<i>Type of training</i>	<i>Duration of training</i>	<i>Part-time or Full-time?</i>

Has the student been enrolled full-time at your institution as defined by US BCIS regulations? Yes No

If no, please explain. _____

RECOMMENDATION

Advisor, do you recommend this student for transfer to MSU? Yes No

If no, explain. _____

Advisor initials beside the recommendations below:

_____ Please advise student to apply for REINSTATEMENT with the Immigration and Naturalization Service.

_____ The student's date of initial attendance at our school (excluding a full time English program) was from _____ (month) to _____ (year).

_____ During his/her attendance at our school, the student **did not** complete a degree program.

_____ During his/her attendance at our school, the student **did** complete the following program(s):

Type of degree program and date of completion:

Printed name of advisor *Printed title of advisor*

Signature of advisor *Date signed*

Name of Institution *City* *State* *Zip* *Telephone number*