

## International Student Transfer Recommendation Form

### Student Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ SEVIS Number: \_\_\_\_\_

Semester Applied for: \_\_\_\_\_

**I authorize the release of the information requested below to be made available to Campbellsville University.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please have your current International Student Advisor submit the following form with a copy of your most current I-20 and I-94 card to the Center for International Education of Campbellsville University (SEVIS Code NOL214F10723000)**

### To be completed by designated school official

Non-immigrant status: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_ to \_\_\_\_\_

Type of Program: ESL  Undergraduate  Graduate  Scholar

Has the student maintained legal status with USCIS? YES  NO

Is the student in good standing with your institution? YES  NO

Has the student fulfilled all financial obligations to your institution? YES  NO

Has the student used any periods of Curricular or Optional Practical Training? YES  NO

If yes, please specify dates, part time/full time, type, and degree level

Any other remarks that you may consider helpful as we review the application for admission?

SEVIS transfer release date: \_\_\_\_\_

### Institution Contact Information

Name of Institution: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

