



University & External Relations/International Affairs
 #108, Donald W. Reynolds Technology Center
 Oklahoma State University Institute of Technology
 1801 East 4th Street
 Okmulgee, Oklahoma 74447-3901
 Telephone: 918.293.5160 Fax: 918.293.4633
 Email: international.office@okstate.edu

TRANSFER FORM for INTERNATIONAL STUDENTS

TRANSFER STUDENT:

- ✓ Print all information (except signature) legibly, and in black ink.
- ✓ Sign the "release of information" section of this form
- ✓ Give this form to the international student advisor at the school that you are currently attending, or that you attended most recently.
- ✓ It is your responsibility to assure that the activity needed to process your inter-college transfer are completed and forms delivered to OSU Institute of Technology International Affairs Office.

INTERNATIONAL STUDENT'S FULL NAME: _____

SEVIS NUMBER: N _____ SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____
Street/mailling City/town State Zip Code

CURRENT TELEPHONE NO. (____) _____ - _____; E-MAIL: _____

ACADEMIC TERM ENTERING OSU INSTITUTE OF TECHNOLOGY (circle one) FALL SPRING SUMMER of the year _____

RELEASE of INFORMATION

I grant permission for the release of the information requested below, and ask that the information requested be mailed to:

International Affairs Office
 DWRTC suite 108
 OSU Institute of Technology
 1801 East 4th Street
 Okmulgee, OK 74447-3901

 Student's SIGNATURE

 Date signed

CURRENT SCHOOL INTERNATIONAL AFFAIRS (PDSO / DSO)

The above-named student has applied for transfer-admission to OSU Institute of Technology, Okmulgee, OK. In compliance with federal regulations, we request confirmation of his/her status at your institution before approving transfer or enrollment. Please complete the following information, and return it to the office and address listed above.

OSUIT will notify you if the student is accepted, and request that you release the student to OSUIT in SEVIS.

I-20 or IAP-66 issue date _____ Education completion date listed _____ Type visa issued/held _____

I-94 Expiration date _____ Date last attended your institution _____ Current GPA _____

Attendance: Excellent Average Poor Recommended for continued enrollment at your institution: __ yes __no

Beginning and ending dates of practical training, and type (CPT, OPT): [] NONE

____ To the best of our knowledge, this student is in good standing with ICE, and is/has been pursuing a full course of study.

____ It is our understanding that this student is out-of-status with the USCIS.

____ This student is currently out-of-status with USCIS but a reinstatement request was filed on _____.

____ Other known circumstances that currently (or could) impact this student's legal status to live and/or study in the U.S.:

 (print) Name of Designated School Official completing this form

 (sign) Signature of Designated School Official

Institution: _____ Date signed: _____

Mailing address: _____

Telephone _____ / _____ - _____ Fax _____ / _____ - _____ E-mail _____