

INTERNATIONAL STUDENT TRANSFER FORM

To the International Student: Please complete Section A of this form, then have the international student/scholar adviser at your current school complete Section B.

To the International Student Advisor: The student named above has been admitted to Purdue University. Your assistance is appreciated in completing Section B below and returning this form by fax or mail to the address/fax number listed at the bottom of this page. **The Purdue School Code for release purposes is: CHI214F10460000 (Purdue University –Purdue University).**

SECTION A: TO BE COMPLETED BY THE STUDENT:

Last(Family) Name: _____ First Name: _____ Middle Name: _____

Date of Birth(month/day/year): _____ Email: _____ Phone:(____) _____

Semester/Year you will begin study at Purdue: Fall____ Spring____ Summer(May)____ Summer(June)____ Year: _____

I permit the information requested below to be forwarded to Purdue University:

Student's Signature: _____ Date (month/day/year): _____

SECTION B: TO BE COMPLETED BY THE INTERNATIONAL ADVISER:

SEVIS Release Date (month/day/year): _____ SEVIS ID Number: _____

1. What is the student's nonimmigrant status? F-1 _____ J-1 _____
If J-1 please provide the following information;
Program Number: _____ Sponsor: _____
Length of time in the U.S. _____ What category is marked in #4 on the DS-2019 form? _____
 2. To the best of your knowledge, is this student in good standing based on CIS (formerly INS) regulations? Yes ___ No ___
 3. If the student/scholar is not in good standing, has your office filed a reinstatement application? Yes ___ No ___
 4. What semester/quarter did/will the student last complete study at your institution? _____ Year: _____
 5. If your institution is a PUBLIC SECONDARY SCHOOL (High School):
Date student first enrolled at your institution (Month/Day/(Year) _____
Date student last re-entered the U.S. from travel abroad (Month/Day/Year) _____
 6. Please indicate any Practical or Academic Training dates granted to this student: _____

 7. Comments: _____
- Name _____ Signature _____ Date _____
Title _____ Institution _____ Phone _____
Email address: _____



Before immigration paperwork will be prepared for you, this INTERNATIONAL STUDENT TRANSFER FORM must be completed and returned to:

Office of International Students & Scholars
ATTN: Undergraduate International Admissions
475 Stadium Mall Drive, Schleman Hall #136
West Lafayette, IN 47907-2050
Fax: (765) 496-6340

