

This office is required by the United States Immigration and Citizenship Services to have the following information in order to process your transfer to Ferris State University. Please complete the information in Section I including your signature; then give this form to your International Student Advisor at the school you now attend or most recently attended. Ask the International Student Advisor to complete Section II and return the form directly to the FSU International Student Advisor. When you arrive at FSU please contact the Office of International Education. Thank you.

Section I:

I grant permission for the information requested below to be released to Ferris State University. DET214F00043000

Name of Student	Family (Surname)	First	Middle	SEVIS #
Date of Birth: ____/____/____				Student Signature _____ Date ____/____/____

Section II:

TO: International Student Advisor/PDSO/DSO/RO/ARO:

The international student named above has been admitted to **Ferris State University**. In accordance with United States BCIS regulations our office cannot process a school transfer for the student until we have determined from you if s/he is maintaining F-1 or J-1 student status. Please complete the information in Section II and return this form to:

Office of International Education
Ferris State University
1301 South State Street, IRC 134
Big Rapids, MI 49307

231.591.2423 fax Attention: OIE Admissions
231.591.3915 phone
international@ferris.edu

1. Current Immigration Status:

- | | |
|---|---|
| <input type="checkbox"/> F-1 Completion Date on I-20 ____/____/____
<input type="checkbox"/> J-1 Ending Date of DS-2019 ____/____/____
Exchange Visitor Program # _____ | I-94 Expiration Date: _____
Sponsored by: _____
Category: _____ |
|---|---|

2. Please check one of the following:

- ☐ The student is in good standing and is/has been pursuing a full course of study (or has already been reinstated to status by BCIS).
- ☐ The student is out of status and a reinstatement to student status was filed on ____/____/____ at BCIS (District: _____) and is pending. (Please enclose copies of documents filed with BCIS).
- ☐ The student is out of status, and we will advise him/her to apply for reinstatement upon receipt of new I-20AB from Ferris State University.
- ☐ Other: _____

3. The student's last date of attendance at your school was: ____/____/____

4. Student's admission number (I-94): _____

5. Student's SEVIS #: _____

6. Has the student had any financial difficulties at your institution? ____ No ____ Yes (If yes, please explain below)

7. Please indicate the dates of any practical training (curricular, optional, academic) in which the student has participated:

Curricular (dates): _____
 Optional (dates): _____
 Academic (dates): _____

Signature of Person Completing Section II

Name of Institution

Name and Title of Designated School Official Completing this Form

School Code

Telephone # Fax #

City, State, Zip Code

Email address

____/____/____
Date