International Student Transfer Recommendation Form

For students currently studying in U.S.

4201 Henry Avenue
Philadelphia, PA 19144-5497
Office of Graduate Admissions
215.951.2943

Please submit this form to the international student advisor of the institution you currently attend or most recently attended.

Name: ________________________  ____________________________  _____________________________  _______________
Admission (I-94 card number) ____  ____________________________  Student ID # _________  _______________________
Address _______________________  ____________________________  _____________________  _______________________
_____________________________  ____________________________  _____________________  _______________________
I grant permission for the information requested below to be released to Philadelphia University.

Student's Signature: ____________  ____________________________  _____________________ Date: ___________________

To be completed by the designated school official

The above named student has applied for admission to Philadelphia University. We request confirmation of his/her status before completing a transfer.

Current immigration status: o F-1  o J-1  o Other  o I-94 card expiration date ___________
Degree level being pursued at your institution _______________
Date of last attendance at your school _______________
Has the student been maintaining full-time status at your institution? o Yes  o No
To the best of your knowledge, is the student currently in status? o Yes  o No
Date student will be released from SEVIS _______________
Please indicate the dates of any practical training in which the student has participated:
Curricular ____________________  Optional ___________________  J-1 Academic _________  _______________________
Comments ____________________  ____________________________  _____________________  _______________________
_____________________________  ____________________________  _____________________  _______________________
Name and title of DSO completing this form: _____________________  _____________________  _______________________
Signature: ____________________  ____________________________  _____________________  _______________________
Name of institution: ____________  ________________________  _________________________  _______________________

