



International Student Transfer Recommendation Form

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

Name _____
Last First Middle

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:

___ F-1 ___ J-1 ___ Other : _____ 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? ___ YES ___ NO

To the best of your knowledge, is the student currently in status? ___ YES ___ NO

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

Date

Address

Telephone Number

Please return completed form to:
Office of Graduate Admissions
Philadelphia University
School House Lane and Henry Avenue
Philadelphia, PA 19144-5497 U.S.A
Or fax to 215-951-2907