Southern Arkansas University

# International Students Transfer Questionnaire

Instructions: An International student who is in the US and who wants to transfer to Southern Arkansas University must complete section I of this form. The Designated School Official (DSO) at the student's current school must complete section II of this form.

**I. TO BE COMPLETED BY STUDENT:**

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

Country of Citizenship: _____ Semester of Intended Enrollment: _____

☐ Undergraduate ☐ Graduate ☐ ESL

Do you plan to travel outside the U.S. before arriving at Southern Arkansas University? ☐ Yes ☐ No
(Note: If you choose to return to the US on SAU's I-20, you will not be able to return until 30 days before the program date listed on the I-20)

I authorize the release of information requested to Southern Arkansas University by signing below

Student Signature: _____ Date: _____

**II. TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL:**
This document is required by our office to determine if the F-1 student named above is eligible for a SEVIS transfer. This form does not mean that the applicant has been accepted or should be transferred yet. Once our office receives this document and all other required documents will our office issue an acceptance letter if the applicant is eligible.

SEVIS #: N | | | | | | | | | | |

Date of Latest Attendance or end of current session: _____

Has the student maintained immigration status while at your institution? ☐ Yes ☐ No

Is the student currently on OPT? ☐ Yes ☐ No If yes, what was the start date: _____

SEVIS Release Date: _____ or ☐ Upon receiving acceptance letter

_____
(Signature) (Date)

Name: _____

Phone Number: _____ Email Address: _____

Institution: _____

Please return form to:
Undergraduate: sw-is@saumag.edu
Graduate: internationalADM@saumag.edu
ESL: ESL@saumag.edu