

**F-1 STUDENT TRANSFER CERTIFICATE**

**PART 1: To be completed by the transferring student:**

Please complete this portion of the form and submit it to the International Student Advisor at your current or most recent school.

Student Name: \_\_\_\_\_ Date of Birth(m/d/y): \_\_\_\_\_

Program of Interest at VIU: \_\_\_\_\_ Initial Term at VIU: \_\_\_\_\_

I intend to transfer to Virginia International University. I grant permission for the information requested below to be forwarded to **Virginia International University.**

\_\_\_\_\_  
 (Student's Signature)

\_\_\_\_\_  
 (Date)

**PART 2: To be completed by the International Student Advisor at previous institution:**

The above named student intends to transfer to Virginia International University. Please complete this form and return to the address below for fax it to the number indicated at the bottom of this form. Thank you.

1: SEVIS ID: \_\_\_\_\_, SEVIS Transfer Release Date (m/d/y): \_\_\_\_\_

2: Dates of full-time enrollment: \_\_\_\_\_ to \_\_\_\_\_, Expected Date of completion/graduation: \_\_\_\_\_

3: Level of Study at your institution? Language  Undergraduate  Graduate

Other (specify):  \_\_\_\_\_

4: Has the student met all financial obligations to your institution? Yes  No

5: Did student attend another US institution before yours? Yes  No

6: Periods of practical training (if any)?  
 Curricular (Full-time) : \_\_\_\_\_ Months  
 Optional (Part-time) : \_\_\_\_\_ Months  
 Optional (Full-time) : \_\_\_\_\_ Months

7: To the best of our knowledge, the student has acted in accordance with USCIS regulations and eligible for transfer under the school transfer procedure. Yes  No

8: Comments: \_\_\_\_\_  
 \_\_\_\_\_

Institution (Full Legal Name): \_\_\_\_\_

DSO's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Tel Fax E-mail

DSO signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE AFFIX YOUR SCHOOL SEAL HERE