INTERNATIONAL STUDENT STATUS TRANSFER FORM

Dear Applicant:

To complete your application for admission to Texas A&M University-Kingsville, we are requesting a Foreign Student Advisor’s Report from each foreign student who is applying for transfer from another U.S. college or university. Understand that this report is a necessary part of your application. Please forward this form to the appropriate office or person (usually the Foreign Student Advisor) at your school for completion. Your signature indicates that you are giving permission to answer the questions below.

Applicant’s Signature _____________________________          Date ____________________________

Applicant’s name – please print ___________________________          Country of citizenship ___________________________

Dear Foreign Student Advisor:

Please comment on the items below as they concern the above-named student and return to our office.

1. Type of visa_____. If it is an J-1, please give the program number and the name of the sponsor.

_________________________________________________________________________________________

2. What semester or quarter did the student last complete at your institution?

3. What is the completion date on the current I-20? _________  I-94 Admission number: __________________

SEVIS:  __________________________

4. _____ The student is in good standing and is/has been pursuing a full course of study and is currently in legal F-1 or J-1 (please circle) status.

5. _____ The student is out of status and a reinstatement to student status was filed on _______ and is pending.

Copies of documents filed with INS are enclosed.

6. _____ Student has been advised that a reinstatement will be required upon receipt of a new I-20 AB from Texas A&M University-Kingsville

7. _____ Is the student eligible to return to your institution? Yes _____ No _____

If no, please explain: __________________________________________________________________

8. Please list any dates granted for curricular practical training or optional practical training:

_________________________________________________________________________________________

Name of Institution ___________________________          Signature of School Official or DSO ___________________________

Date ___________________________          Phone ___________________________          Name/Title ___________________________