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# Transfer Information Form For International Applicants Transferring from U.S. High Schools/Colleges/Universities

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Office of International Programs  
North Dakota State University  
P.O. Box 5582  
Fargo, ND 58105-5582

This form is **required** from all international students who are applying for transfer from a U.S. institution to North Dakota State University. The student applicant must complete Part I of this form. The International Student Advisor at the U.S. institution you are now attending or the one you most recently attended must complete Part II. Please hold a conference with your adviser so that he/she can provide accurate information. This document will be treated confidentially. **The International Student Advisor will return the form directly to NDSU.**

**PART I: To be completed by the student applicant:**

Legal Name (as it appears in passport): \_\_\_\_\_  
Family (Last/Surname) First Name Middle Name

SEVIS ID #: \_\_\_\_\_

Immigration Status: \_\_\_\_\_ Social Security # (if available): \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

What will be the transfer release date from your current institution?: \_\_\_\_\_

A photocopy of your current I-20 or DS-2019 Form is required. Please check the box to confirm that it is attached:

*\*\*I hereby authorize the information requested below be forwarded by \_\_\_\_\_ to NDSU.*  
Name of current/previous school

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PART II: To be completed by the International Student Advisor:** The student named above has applied for admission to North Dakota State University. Please certify the student's eligibility for transfer by providing the information requested below.

**Please Check All That Are Applicable:**

\_\_\_\_\_ This student maintained legal non-immigrant status and is eligible to transfer to North Dakota State University.

\_\_\_\_\_ This student is "out of status" and is therefore **NOT** eligible to transfer (please clarify in "Comments" below).

\_\_\_\_\_ This student's status is "unknown" at this time (please clarify in "Comments" below).

\_\_\_\_\_ This student received off-campus work authorization. (please list dates/period): \_\_\_\_\_

\*\*Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Name and Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Institution Name**

\_\_\_\_\_  
**Address of Institution**

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_