

**INTERNATIONAL STUDENT ADVISOR'S
TRANSFER REPORT**

TO BE COMPLETED BY THE STUDENT:

NAME: _____

ADDRESS: _____

PHONE: _____

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR:

WHAT IS THE STUDENT'S IMMIGRATION STATUS? _____

TERM LAST ATTENDED: _____

IS THE STUDENT CURRENTLY IN STATUS AND ELIGIBLE TO TRANSFER? YES / NO

HAS THE STUDENT USED ANY PRACTICAL TRAINING? YES / NO

If yes, what dates?

Curricular Practical Training: _____
FULL / PART-TIME

Optional Practical Training: _____
FULL / PART-TIME

ANY OTHER COMMENTS? _____

Signature of ISA: _____

Name and Title: _____

Phone: _____

Date: _____

School: _____