



International Student Services
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**TRANSFER ELIGIBILITY FORM
(F-1 Student)**

Dear International Student:

The following information is required in order for us to approve your transfer to Fairmont State University.

Please ask the international student advisor at the school you are currently attending or last attended to complete this form and return it to our office. This information will help us in the process of your transfer. Our school code is PHI214F10255000.



TO BE COMPLETED BY STUDENT

I authorize the international student advisor named below to provide the information requested on this form.

(Your last Name, First Name, MI) (Your Signature)

(SEVIS Number) (Immigration Status)



TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR

I certify that the student named above: ___ is registered ___ was registered
as a ___ full-time student ___ less than full-time student
for _____ term, 20___ at this institution
and is currently ___ in status ___ out of status.

(Signature of school official) (Date)

(Name and title of school official)

Name and Address of Institution: _____

Phone number _____

SEVIS release date _____