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 by mail or fax. This information will help us in the process of your transfer. Our school code is PH214F10255000.

TO BE COMPLETED BY STUDENT

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

Name (Last, First, MI) ____________________________ SEVIS Number ____________________________

Immigration Status ____________________________ Signature ____________________________

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 at this institution for the ______ term of 20______ and is currently ☐in-status ☐out-of-status.

SEVIS Release Date: ____________________________

Signature of School Official ____________________________ Date __________

Name and Title of School Official ____________________________

Name of Institution ____________________________

Street Address ____________________________

City ____________________________ State ZIP ____________________________ Phone Number ____________________________

Please return this form to Fairmont State by mail or fax it to (304)333-3678.

Fairmont State University is an equal opportunity, affirmative action institution.