

Avila University
11901 Wornall Road
Kansas City, MO 64145

I-20 Transfer Eligibility Form

STUDENT INFORMATION (Student completes)

If you are applying to transfer to Avila University from an academic institution in the United States, you must complete this section and submit it to the Designated School Official (DSO) for the institution that issued your current I-20. Please print clearly.

Family Name (surname)	First Name	Middle Name
-----------------------	------------	-------------

Student ID # at current school	Email Address	Telephone Number
--------------------------------	---------------	------------------

I plan to enroll at Avila University for classes beginning _____.

Month	Year	Program or Major
-------	------	------------------

I hereby authorize the DSO to verify my student information and provide the information requested below.

Date: MM/DD/YYYY	Signature
------------------	-----------

DSO INFORMATION (DSO or Authorized Staff completes)

Please complete and fax form to (816) 501-2452, Attention: Registrar.

Student USICE Admission Number (I-94)	Student SEVIS Number	Transfer Out Date
---------------------------------------	----------------------	-------------------

Student is in good standing and is/was last enrolled full-time until (date): _____

Student's current I-20 expires/expired (date): _____

If out of status, what steps have been completed: _____

Practical Training granted (type, begin & end dates): _____

Student transferred from another US Academic Institution: _____

Other Notes: _____

DSO or Authorized Staff Name	DSO or Authorized Staff Signature
------------------------------	-----------------------------------

DSO or Authorized Staff Title	School Name	Date
-------------------------------	-------------	------

School Address	Telephone Number
----------------	------------------