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 ___________

Please complete and fax form to (816) 501-2461, Attention: ISS. Transfer SEVIS record to KAN214F00029000. Do not transfer SEVIS record if student is in terminated status!

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 ___________

RSRO 6/08