Fisk University
International Education

Transfer Recommendation Form
International Student (F-1)

STUDENT SECTION

Student Information: (to be completed by the student)
Please sign the release of information section of this form and give it to the foreign student advisor at the school you now attend or most recently attended in the United States.

Date: _____/_____/_____ Semester of Application: _____ Intended Program: _____
month day year Fall/Spring/Summer Academic

I grant permission for the information requested below to be released to Fisk University.

Signature: _____ Print Name: _____

Name (Family, Given):_____ Birth date (Month, Day, Yr): _____/_____/_____

Institution Transferring From: _____

SEVIS ID Number: _____

Country of Citizenship: _____U.S. Social Security: _____-_____-_____

Admission Number (1-94):_____Date of 1st Admission to U.S._____

DESIGNATED SCHOOL OFFICAL SECTION

School Information: (To be completed by the Designated School Official)
The above-named student has applied for admission to Fisk University. In compliance with INS regulations, we request confirmation of his/her status at your institution before approving transfer to this school.
Please complete the following and mail or fax to:

Fisk University, International Education
1000 17th Avenue North
Nashville, TN 37208
Fax (615) 329-3166 Phone (615) 329-8883 / 329-6051

CURRENT STATUS: □**F-1** **other** _____

□Student is in good standing and is considered in status and eligible for transfer.

□Student did not register but physically reported and transfer is recommended.

□Student applied for change of status to _____.

□Student applied for reinstatement to status on _____and is pending.

_____

□Student was authorized for practical training on these dates.

Curricular: Full-time _____ Part-time _____

Optional: Full-time _____ Part-time _____

Degree Program Pursued: _____ Degree Program Completed: _____

Current I-20 Dates: Beginning _____ Ending _____

Dates of attendance at your school: Beginning _____ ending _____

Do you recommend this transfer? _____Yes _____No

If no, please explain: _____

Date of transfer in SEVIS _____ or situation of release_____

INS School File Number: _____-214_____

_____

I certify that the information is correct:

Name and Title of DSO Completing this Form: _____

Signature/Date_____

_____

Print or Stamp Name of Institution Telephone/Fax Number