International Student
Transfer Form (transfer from another U.S. institution)

Note: Adobe PDF writable forms are not Mac compatible. Please fill out this form using a PC, if possible.

This form applies to F1-VISA students.

Instructions to the student: Please complete the requested information and turn this form into the Designated School Official for Federal Regulations at the institution in the USA from which you are transferring or at which you were most recently enrolled.

Name: ____________________________________________________________
(last, first, middle)

Date of Birth: ____________________________________________________
(month/day/year)

Current I-20 Admission Number: ______________________________________

Social Security Number: ____________________________________________
(If available)

By signing this form let it be noted that you will authorize the Designated School Official at the school named below to complete and send this form to Mount Mary University and to provide further related information about you if requested by Mount Mary University.

Student's Signature: ________________________________________________

Date: _____________________________________________________________
(month/day/year)

(Designated School Official, see next page)
Instructions to the Designated School Official:

Please complete and return this form to the Admission Office at Mount Mary University.

1) What is the student's current visa type/legal status?
___________________________________________________________________________

2) Has the student maintained lawful status during the period of study at your school?  ___ Yes  ___ No

3) Dates of full time enrollment from ___________ to ___________

   Undergraduate_____  Graduate_____

4) Has the student been granted optional or practical training?  ___ Yes  ___ No

   If yes, list the periods of time:  ____________________________________________

5) Do you consider the student eligible for transfer from your school to Mount Mary University via the F-1 student school transfer process [8CFR 214.2 (f) (8)]?  ___ Yes  ___ No

Please write any additional comments here.

Name: _______________________________________________________________________

Institution: __________________________________________________________________

Position: ___________________________________________________________________

City & State: __________________________________________________________________

Phone: _______________________________________________________________________

Signature: ____________________________________________________________________  Date: ________________________

If you have any questions, please contact:
International Student Admission
Mount Mary University
Phone: (414) 930-3024
E-mail: mmu-admiss@mtmary.edu