



International Student Visa Transfer Application

SIDE 1- INTERNATIONAL STUDENT

DIRECTIONS: The top section is to be completed by the international student who is wishes to transfer from one USA institution to another USA institution. The bottom section must be completed by an International Advisor at the current or most recent institution you have attended. THIS FORM MUST BE SENT DIRECTLY TO Mayville State University FROM the advisor.

SEVIS ID # \_\_\_\_\_

Legal Name (as it appears in passport) \_\_\_\_\_
LAST FIRST MIDDLE INITIAL

Immigration status \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

What will be the transfer release date from your current institution? \_\_\_\_\_

Reason for seeking transfer to Mayville State University \_\_\_\_\_

CERTIFICATION: "I authorize my current or most recent international advisor to verify the above information and to provide the additional information requested on the reverse side of this form. I understand it will be held confidential, and that the advisor will mail this verification form to Mayville State University."

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIDE 2 - FOR ADVISOR

The international student named in the top section is applying for admission to Mayville State University, 330 Third Street NE, Mayville, ND 58257 USA. Please verify the information he/she provided by completing questions below. Please send this original paper form to us at the above address. For information about our school, see our web site: www.mayvillestate.edu. Thank you in advance for your valuable time and assistance.

Please check all that apply:

- \_\_\_\_\_ The student is in good standing and is eligible to transfer to Mayville State University
\_\_\_\_\_ The student completed his/her program of study on \_\_\_\_\_
\_\_\_\_\_ The student is out of status and a reinstatement application has been filed on \_\_\_\_\_
\_\_\_\_\_ The student is out of status and needs to apply for reinstatement
\_\_\_\_\_ Other \_\_\_\_\_

NAME AND TITLE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INSTITUTIONAL NAME \_\_\_\_\_ ADDRESS OF INSTITUTION \_\_\_\_\_

Date \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Return to: Office of Admissions, 330 Third St. NE, Mayville, ND 58257-1299