

International Student Transfer Recommendation Form

Address	Please submit this form to the international student advisor of the institution you currently attend or most recently attended. Name:		
Student's Signature:			
I grant permission for the information requested below to be released to Jefferson (Philadelphia University + Thomas Jeffers University). Student's Signature:	Admission (I-94 card number)	Student ID #	
University). Student's Signature:	Address		
Student's Signature:	I grant permission for the information requested b	pelow to be released to Jefferson (Philadelphia University + Thomas Jefferson	
To be completed by the designated school official The above named student has applied for admission to Jefferson. We request confirmation of his/her status before completi transfer. Current immigration status: □ F-1 □ J-1 □ Other □ I-94 card expiration date: Degree level being pursued at your institution Date of last attendance at your school Has the student been maintaining full-time status at your institution? □ Yes □ No To the best of your knowledge, is the student currently in status? □ Yes □ No Date student will be released from SEVIS Please indicate the dates of any practical training in which the student has participated: Curricular Optional J-1 Academics Comments	University).		
The above named student has applied for admission to Jefferson. We request confirmation of his/her status before completi transfer. Current immigration status: □ F-1 □ J-1 □ Other □ I-94 card expiration date: Degree level being pursued at your institution Date of last attendance at your school Has the student been maintaining full-time status at your institution? □ Yes □ No To the best of your knowledge, is the student currently in status? □ Yes □ No Date student will be released from SEVIS Please indicate the dates of any practical training in which the student has participated: Curricular Optional J-1 Academics Comments	Student's Signature:	Date:	
transfer. Current immigration status: □ F-1 □ J-1 □ Other □ I-94 card expiration date: Degree level being pursued at your institution Date of last attendance at your school Has the student been maintaining full-time status at your institution? □ Yes □ No To the best of your knowledge, is the student currently in status? □ Yes □ No Date student will be released from SEVIS Please indicate the dates of any practical training in which the student has participated: Curricular Optional J-1 Academics Comments	To be completed by the designated school	ol official	
Degree level being pursued at your institution Date of last attendance at your school Has the student been maintaining full-time status at your institution?	• •	sion to Jefferson. We request confirmation of his/her status before completing a	
Date of last attendance at your school Has the student been maintaining full-time status at your institution? □ Yes □ No To the best of your knowledge, is the student currently in status? □ Yes □ No Date student will be released from SEVIS Please indicate the dates of any practical training in which the student has participated: Curricular Optional J-1 Academics Comments	Current immigration status: ☐ F-1 ☐ J-1 ☐ Other	· □ I-94 card expiration date:	
Has the student been maintaining full-time status at your institution?	Degree level being pursued at your institution		
To the best of your knowledge, is the student currently in status?	Date of last attendance at your school		
Date student will be released from SEVIS Please indicate the dates of any practical training in which the student has participated: Curricular Optional J-1 Academics Comments	Has the student been maintaining full-time status	at your institution? 🛘 Yes 🔻 No	
Please indicate the dates of any practical training in which the student has participated: Curricular Optional J-1 Academics Comments	To the best of your knowledge, is the student curr	rently in status? ☐ Yes ☐ No	
CurricularOptionalJ-1 AcademicsComments	Date student will be released from SEVIS		
Comments	Please indicate the dates of any practical training	յ in which the student has participated:	
	Curricular Optional	J-1 Academics	
	Comments		
Name and title of DSO completing this form:			
Name and title of DSO completing this form:			
	Name and title of DSO completing this form:		
Signature: Date:	Signature:	Date:	
	_		
Name of institution:Address:			
Telephone number: ()Email address:			