

International Student Transfer Recommendation Form

Please submit this form to the international student advisor of the institution you currently attend or most recently attended.

Name: _____

Admission (I-94 card number) _____ Student ID # _____

Address _____

I grant permission for the information requested below to be released to Jefferson (Philadelphia University + Thomas Jefferson University).

Student's Signature: _____ Date: _____

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 completing a 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 _____

Name and title of DSO completing this form: _____

Signature: _____ Date: _____

Name of institution: _____

Address: _____

Telephone number: (____) _____ Email address: _____