

LANDER UNIVERSITY TRANSFER VERIFICATION FORM

TO THE STUDENT: All international students transferring from U.S. institutions must complete this form. Please sign this form and give it to the appropriate official at your present institution for completion. Your signature indicates that you are giving the official, usually the INS Designated School Official, permission to answer the questions below. Your admissions application will not be processed without this form.

I grant permission for my SEVIS record to be released to Lander University ATL214F01453000

Student Name: _____ SEVIS ID #: _____

Student Signature: _____ Current Date: _____

Social Security # (If available): _____ Requested Release date: _____

TO THE INTERNATIONAL STUDENT ADVISOR/PDSO/DSO/RO/ARO: Please check or complete the items listed below and return to:

**Lander University
Attn: Dia Robinson
Office of Admissions
320 Stanley Avenue
Greenwood, SC 29649**

**Fax 864.388.8125
Phone 888.452.6337
dprobinson@lander.edu**

1. Current Immigration Status:

- F-1 Completion Date on Document _____ I-94 Expiration Date: _____
 J-1 DS-2019 Ending Date: _____ Sponsored by _____
Exchange Visitor Program #: _____ Category: _____

2. Please check one of the following:

- The student is in good standing and is/has been pursuing a full course of study (or has already been reinstated to status by BCIS).
 The student is out of status and a reinstatement to student status was filed on _____ at BCIS (District: _____) and is pending. (Please enclose copies of documents filed BCISINS)
 The student is out of status, and we will advise him/her to apply for reinstatement upon receipt of a new I-20 from Lander University.
 Other: _____

3. Date of last attendance at your school: _____

4. Student's I-94 Admission Number: _____

5. Has the student ever had any financial difficulties at your institution? Yes No
If yes, please explain to the best of your knowledge:

6. Please indicate the dates of any practical training (curricular, optional, academic) in which the student has participated:
 Curricular _____ Optional _____ J-1 Academic _____

Name and Title of person completing this form

Signature of person completing this form

Name of Institution

School Code

Date

City, State, Zip

Telephone Number

Fax Number