Tulane University

SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

Office of Admissions and Student Affairs

TRANSFER FORM FOR INTERNATIONAL TRANSFER STUDENTS

ONLY INTERNATIONAL STUDENTS CURRENTLY STUDYING IN THE UNITED STATES MUST COMPLETE THIS FORM.

As part of the admission application process of Tulane University, in compliance with U.S. immigration regulations, this form must be completed by your current International Student Advisor and returned to the school/college to which you are applying in order to complete your application for admission.

I request and authorize my present International Advisor (or equivalent campus advisor) to provide the information below as part of my application for admission to Tulane University.

_____ _____

Student Signature Date Student Name as in Passport (Please Print)

I am applying to:_____

School/College Tulane University

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TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR:

Applicant's Name: _____

(FAMILY) (GIVEN-First) (Middle Name)

I-94 Admission # : _____ SEVIS ID #_____ Release Date_____

Visa Type: F-1 ___ F-2 ___ J-1 ___ _____

Name of J-1 Sponsor

Other (please specify) _____

IF F-1 STUDENT:

___ The student is in good standing and is/has (during last semester) been pursuing a full course of study (or has been reinstated to student status by INS).

___ The student is out of status and a reinstatement to student status was filed on _____ is pending. (Copies of documents filed with BCIS are enclosed). Date_____

___ The student is out of status and we will advise the student to apply for reinstatement upon receipt of a new I-20AB from Tulane University.

___ Other: _____

___ The student has been granted **Optical Practical Training.** Please give dates:

_____Full Time_____

_____Part Time_____

___ The student has been granted **Curricular Practical Training.** Please give dates:

_____

_____ _____

Name and Title of International Student Advisor (print Signature Date

_____Address_____

Name of Institution

_____ _____

Phone # Fax #