Belhaven University International Student Transfer Eligibility Form

This form is required of applicants whose address is in the United States.

U.S. Citizenship and Immigration Services requires that an international student's eligibility to transfer to another institution in the United States be confirmed prior to the issuance of new immigration documents. Section I should be completed by the student; Section II should be completed by the Designated School Official at the current, or last attended, institution. Please note, an F-1 I-20 cannot be sent until the current institution releases the SEVIS record to the Belhaven University.

Section I (to be completed by student)

Name				
Family Name		Given Name	Middle Name (optional)	
Semester and year of inter	nded enrollment at Belhaven	University		
Current Address:	· · · · · · · · · · · · · · · · · · ·			
	Apt. or House Number	Street	P.O. Box	
City		State	Zip Code	
Home Country Address:				
,	Apt. or House Number	Street	P.O. Box	
City	State/Province	Cour	ntry Zip Code	
Current visa type:	F-1 J-1 O	ther (Please specify)	
Do you plan to travel out	of the country before you sta	art your studies at the Belhaven Univers	ity? □ Yes or □ No	
By signing below, you grant pern	nission to your current institution's I	Designated School Official to provide the requested	Linformation to Relhaven University	
By signing below, you grant permission to your current institution's Designated School Official to provide the requested information to Belhaven Unit Student's Signature Date			•	
Student's Signature		Date		
The student is out of successions. The student is out-of The student is engage Type: □ CPT □ OPT	status and a reinstatement to , an status and no application for d in an authorized period of	reinstatement has been filed. practical/academic training. Please list gin Date; End Date	below: _ □ Full Time or □ Part Time.	
SEVIS ID#		SEVIS record release d	ate	
Last semester attended				
Other Comments				
DSO Name		DSO Signature		
Title		Institution		
Email		Date		
Please return this document by mail or fax to:		Belhaven University International Student Office 1500 Peachtree St., Box 161 Jackson, MS 39202	601-968-8746 601-968-8946 fax bsims@belhaven.edu	