

International Student Transfer Verification

(To be completed by non-immigrant student and Designated School Official at current U. S. School)

Texas Christian University
International Services
P. O. Box 297003
Fort Worth, Texas 76129 U.S.A.

Telephone: (817) 257-7292
Fax: (817) 257-5666

PART I: To Student Applicant for admission to TCU

In order to complete you admission to TCU, please complete the top part of this form and forward it to the International Student Advisor or the Designated School Official at the institution you are presently attending along with a current copy of your I-20. Your signature indicates your agreement that the school may provide the information noted below. NOTE: The information on this form is confidential and will be used only by the TCU International Admissions Office and the Office of International Student Services.

Last and First Name of Student

Country of Citizenship

Signature of Student

Date (Month/day/year)

Transfer Release Date:

PART II: To Designated School Official

Please provide the following information on behalf of the student named above, who has expressed interest in transferring to TCU. This information is required to complete the student's transfer application to TCU and will remain confidential. If the answer to any of the questions is "No," please provide details on the reverse side of this page.

Name of the institution in which student is currently enrolled:

1. Current Status (F-1, J-1, etc.):

SEVIS ID#:

2. Is the student currently in legal status?

(If the answer is "No," please state what, if any, action has been taken)

Yes

No

3. Have you issued a SEVIS release date?

Yes

No

4. If so When? _____

Other Comments:

NOTE: Please return this form and copies of all the student's I-20 ID forms, employment authorization documents, and curricular practical training authorization forms directly to the address at the top of this page. Also, please inform us of any changes in the above following this report. Thank you for your time and effort.

Last and First Name of Official

Address of Institution

Position/Title of Official

City/State/Zip

Official's Signature and Date (month/day/year)

Official's Telephone Number