



EDINBORO UNIVERSITY

SCHOOL TRANSFER NOTIFICATION

Instructions: Please complete the top shaded portion of this form and take it to the International Student Advisor at the institution you currently attend or were last enrolled.

Student Name: _____
Family/Last Name First Country of Citizenship

Current Address: _____
Street City

State Zip Code **Current Phone Number:** _____

Signature: _____ **Date:** _____
Your signature grants the permission to the school listed below to release the information necessary to complete your transfer to Edinboro University.

This section is to be completed by the International Student Advisor at the U.S. school where you are currently enrolled or last enrolled.

Students initial date of entry to the U.S. ___/___/___ Type of Visa: F-1___ J-1 ___ Other: _____

Date of student's attendance: ___/___/___ to ___/___/___ SEVIS #: _____

Undergraduate _____ Graduate _____ Other _____

Does the student owe money to your institution? Yes _____ No _____

Has the student completed any authorized period of employment? Yes _____ No _____
If yes, please provide beginning and ending dates of authorized employment: Off Campus _____
Curricular _____ Post Completion _____

Do you recommend this student for transfer? Yes _____ No, please explain _____

The student was _____ was not _____ in status.

If not in status, was an application for reinstatement made? Yes _____ No _____

Signature of School Official Name Date

Title Institution (Name in SEVIS)

Address School Code

Thank you for your assistance. Please return this form to International Student Services 219 Meadville Street Edinboro University, Edinboro, PA 16444, phone: 814-732-2761 (local/TTY). 1-888-8GO-BORO (toll free), 814-732-2420 (fax). School Code = PH1214F10145000