

Drake University

SEVIS # OMA214F00146000

Transfer Verification Form

Please mail, e-mail, or fax this form when completed to:

Office of Admission
Drake University
2507 University Avenue
Des Moines, IA 50311
Telephone: 1-800-44-DRAKE, ext. 3181
Fax: 1-515-271-2831
E-mail: international@drake.edu

If you have decided to attend Drake University, this form must be completed and returned prior to the issuance of an I-20. Please complete the first section of the form and submit it to your current institution's international student office. An International Student Advisor must complete the second section of this form submit it to Office of Admission.

STUDENT INFORMATION

To Be Completed by the Student			
Family/Last Name as Listed on Passport			
First/Given as Listed on Passport			
Middle Name			
Date of Birth (Month/Day/ Year)		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Country of Birth		Country of Citizenship	

ADDRESS INFORMATION

Foreign Home Address		Street Address			
City		Province			
Postal Code		Country			
Current U.S. Address		Street Address			
City		State		Zip Code	
How can you be reached after you leave your current institution and before arriving at Drake University?					
Mailing Address		Street Address			
City		State		Zip Code	
Preferred Telephone Number					
Preferred E-mail Address					
By signing below, I authorize the International Student Advisor to provide the requested information.					
Signature			Date		

Student Status Information

To Be Completed by the International Student Advisor at Your Present School			
Name of Student (please print) _____			
Current Visa Type	<input type="checkbox"/> F-1	<input type="checkbox"/> J-1	<input type="checkbox"/> Other:
Please check the box(es) that best describes the student's status:			
<input type="checkbox"/> The student is enrolled full time, in good standing, and is eligible for transfer.			
<input type="checkbox"/> The student is not currently enrolled, and completed the term or program on _____ (date).			
<input type="checkbox"/> The student is out of status and a reinstatement application was filed on _____ (date).			
<input type="checkbox"/> The student is out of status.			
SEVIS ID Number	_____	Date of Release for Transfer	_____
Has this student been authorized for any curricular or optional practical training?		<input type="checkbox"/> Yes	<input type="checkbox"/> NO
Type of practical training		<input type="checkbox"/> CPT	<input type="checkbox"/> OPT
CPT/OPT Authorization Dates	From: _____ To: _____		

International Student Advisor Information

Name (Please Print)	_____			
Title	_____			
Institution	_____			
Address	_____			
City	_____	State	_____	Zip Code
Phone Number	_____			
E-mail Address	_____			
Signature _____				Date _____