



OFFICE OF INTERNATIONAL STUDENT SERVICE
TRANSFER ELIGIBILITY FORM
FOR F-1 STUDENTS

SECTION I – To be completed by the Student: (Please Print or Type)

Students Name _____
Last (Family) Name First Middle

Present School Name _____

Student ID# _____ Country of Citizenship _____

Date of Birth _____ Country of Birth _____
(MM/DD/YYYY)

I request and authorize my present (or most recent) International Student Advisor to provide the following information as part of my application for admissions to Mountain State University.

(Students Signature)

SECTION II – To be Completed by the International Student Advisor

Applicants Name: _____
Last (Family) Name First Middle

Visa Type: ___ Visa Expiration Date: _____ Admissions # _____

Passport Expiration Date: _____ Issued By: _____

Passport Number _____ Initial Entry into USA: _____

Current School _____

Completion date on the current I-20 _____

Is the student attending the school last authorized to attend by INS? **YES NO**

Has the student had financial difficulties while attending your school **YES NO**

Is the student "In Status" with INS? **YES NO**

I certify the proceeding information is correct and true to the best of my knowledge.

School Official Title Date

Print Name: _____ Phone # _____

Institutions Address: _____

PLEASE RETURN TO:

*International Student Services
Attention Dwight W. Heaster, Coordinator for International Student Services
P.O. Box 9003
Beckley, WV 25802-9003
Phone: 304-929-1551 Fax: 304-252-2896*