I-20 Transfer Report for F-1 Students

INSTRUCTIONS TO APPLICANT: Please complete Section A, then give this form to the International Student Advisor at your current school to complete section B & C. Please print.

A- Full Name: __________________________________________________________

In accordance to the provisions of the Family Educational Rights and Privacy Act of 1974, P.1. 93-380 Section 438 (a)(1)(B) and Subtitle A, section 99-11 and 99.12:

I DO ___ or DO NOT ___ waive my right of access to and review of this document.

I authorize the information requested below to be released to Drexel University.

Signature of Applicant__________________________ Date:__________

B – TRANSFER ELIGIBILITY - TO BE COMPLETED BY THE CURRENT SCHOOL

To the International Student Advisor: Please answer the following questions regarding the student named above, then fax it to us. Once we receive and review this information, we will fax you the acceptance letter.

1. Is the above named student currently in F-1 status at your school? Yes ___ No ______

2. When did the student begin study at your institution? ________________________________

3. What was the student’s last date of attendance at your institution? ____________________

4. Is the student in good academic standing? Yes ___ No ______ If No, please explain
________________________________________________________________________

5. Is the student eligible to continue studies at your institution? Yes ___ No ______

6. Has the student met all financial obligations? Yes ___ No ______

7. Are there any special circumstances regarding this student’s status? Yes ___ No ______
   If Yes, please explain: _______________________________________________________

C - Please release their SEVIS I-20 record to Drexel University, PHI214F00230000.

8. SEVIS ID # ____________________________ Transfer Release Date ______________________

Name and address of institution: __________________________________________________)

______________________________

Printed name of advisor: __________________________ Phone: ______________________

Signature of advisor: __________________________ Date: ______________________

Please return this form by fax or mail with a copy of the student’s I-20 to:

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Tel 215-895-2022 · Fax 215-895-6775 · E-mail elc@drexel.edu