

GANNON UNIVERSITY

109 University Square ~ Erie, PA 16541 Phone: 814-871-7480 ~ Fax: 814-871-5323

FOR TRANSFER APPLICANTS CURRENTLY STUDYING IN THE UNITED STATES ONLY:
Receipt of this form is required in order to complete your admissions process.

Student - Please complete Section A of this form, sign and submit it to the International Student Advisor at the school you now attend or most recently attended. The International Student Advisor will complete Section B of this form.

Section A:

Student's name: (please print) _____
Last Name (family name) First Name (given name)

Signature of student: _____ Date: _____

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Section B:

This section is to be completed by the International Student Advisor/Designated School Official (DSO). The above-named student has applied for admission at Gannon University. Please complete this portion of the form as completely as possible and return to: Gannon University, International Admissions Office, 109 University Square, Erie, PA 16541 or Fax to: 814-871-5323

I-94 Number: _____ SEVIS NO. _____

Current Immigration Status: F-1 F-2 J-1 J-2 H1-B other: _____

Dates of enrollment at your institution: From _____ To _____

Dates on I-20: reporting date: _____ Completion date: _____

Has this student transferred to your University from another U.S. school: no yes
If yes, from what school: _____

Has the student completed his/her degree at your institution: no yes

This student is in good academic standing and is/has been pursuing a full course of study: no yes

The student is eligible to continue at your institution: no yes (if no, please explain):

This student is out of status and has filed for reinstatement to student status on _____ at the following USCIS Service Center _____ location and it is pending. (Please enclose all copies of the documents filed for reinstatement to USCIS.)

Student is out of status and needs to apply for reinstatement: no yes

Please indicate dates of practical training in which the student participated:
Curricular: _____ Optional: _____ J-1 Academic: _____

Name and Title of DSO

Signature

Name and Address of Institution

Phone number

Fax number

Date