

IMMIGRATION TRANSFER RECOMMENDATION FORM

If you are an international student currently residing in the United States and studying in a U.S. educational institution, you must submit this transfer recommendation form to your current Foreign Student Advisor for completion. Then submit it with your application for admission in order to receive an I-20. U.S. citizens and permanent residents do not complete this form.

| pplicant's Name: | | | TO BE COMPL | LETED BY TH | IE STUDENT | | |
|---|------------------|---|----------------------|-----------------|-----------------------------------|----------------------------|--|
| Aill you leave the U.S. before enrolling at Coppin Yes No emester of Intended Enrollment at Coppin State University | oplic | ant's Name: | | | | | |
| emester of Intended Enrollment at Coppin State University | ocial | Security Number: | | | | | |
| lease sign this release of information form and give it to your Designated School Official at the school you now attend or most | ill ye | ou leave the U.S. before enrolli | ng at Coppin? | □ Yes □ |] No | | |
| cently attended. | mes | ter of Intended Enrollment at C | oppin State Unive | ersity | | | |
| TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL he above-named student has qualified academically for admission to Coppin State University. In compliance with INS regulations, Tective May 22, 1987, we request confirmation of his/her status at your institution before approving transfer to Coppin State University. Please complete the following and return to the Counseling Center - International Student Services, 2500 West North venue. Baltimore, MD 21216. 1. Current Immigration Status | | | m and give it to you | ur Designated S | School Official at the school you | now attend or most | |
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| F-1 I-1 Completion Date on Document I-94 Admission Number Exchange Visitor Program # Category Category Interstudent is in good standing and is/has been pursuing a full course of study since assuming valid non-immigration student status. The student is out of status and will need to apply for a reinstatement upon receipt of a new I-20AB from Coppin State University. Other 1 The student is eligible for transfer Yes No 3. Date of last attendance at your school Interstudent, optional, academic) in which the student has participated. Please indicate the dates of any practical training (curricular, optional, academic) in which the student has participated. Please indicate the employment was authorized part- or full-time. Image: True true to the plane of D.S.O. Completing This Form Signature | fectiv nivers | e May 22, 1987, we request co sity. Please complete the followi | nfirmation of his/h | er status at yo | our institution before approving | g transfer to Coppin State | |
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| □ Other 2. The student is eligible for transfer Yes □ No □ 3. Date of last attendance at your school | | | | | | | |
| 2. The student is eligible for transfer Yes No 3. Date of last attendance at your school 4. Please indicate the dates of any practical training (curricular, optional, academic) in which the student has participated. Please indicate whether the employment was authorized part- or full-time. | | | | | | | |
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| 4. Please indicate the dates of any practical training (curricular, optional, academic) in which the student has participated. Please indicate whether the employment was authorized part- or full-time. Image: Im | 3. | Date of last attendance at your school | | | | | |
| Curricular | 4. | Please indicate the dates of any practical training (curricular, optional, academic) in which the student has participated. Please indicate | | | | | |
| Optional Image: Completing This Form Name and Title of D.S.O. Completing This Form Signature | | | Dates | | Full-/Part-Time | 7 | |
| Academic Name and Title of D.S.O. Completing This Form Signature | | Curricular | | | | | |
| Name and Title of D.S.O. Completing This Form Signature | | Optional | | | | | |
| | | Academic | | | | | |
| | | - | | Signature | | | |

E-mail Address

Telephone Number

Fax Number