Oklahoma Panhandle State University
TRANSFER FORM

To be used only by F-1 students transferring to Oklahoma Panhandle State University (OPSU) from another college, university, high school or English Language program in the United States. Please sign the release information section of this form and give it to your international student advisor at the school you now attend or most recently attended. You must notify your school of your intent to transfer to OPSU so your school can update your record in SEVIS as a “transfer out” F-1 student.

Circle the appropriate term and indicate the year: FALL___________SPRING_____________

I grant permission for the information requested below to be released to Oklahoma Panhandle State University:

Name of Student____________________________  __________________________   ________________________
Last Name    First Name  Middle Name

Signature_____________________________________________________Date__________________________

To INS Designated School Official: The above-named student has qualified academically for admission to OPSU. In compliance with INS regulations we request confirmation of his/her status at your institution before approved transfer to this school. Please complete the following and return to the address below.

CURRENT IMMIGRATION STATUS:

SEVIS#__________________________I94 expiration date_____________I-94 #_______________________

_____The student is in good standing and is pursuing a full course of study (or has been reinstated by INS).

_____The student is out of status and a reinstatement to student status was filed on ______________________ at INS (District:_____________________) and is pending. (please enclose copies of documents.)

_____The student is out of status, and we will advise him/her to apply for reinstatement upon receipt of a new I-20AB from Oklahoma Panhandle State University.

_____Other_________________________________________________________________________________

DATE OF LAST ATTENDANCE AT YOUR SCHOOL _____________________________________________

PLEASE INDICATE THE DATES OF ANY PRACTICAL TRAINING:

Curricular______________________Optional_________________________J-1 Academic___________________

Oklahoma Panhandle State University (DAL214F10264000)

SEVIS RELEASE DATE _____________________________________________

Name & Title of DSO

Signature

Name of Institution

Date

Address

Telephone Number

This form must be returned to OPSU before any action will be taken on the application.

OPSU International Student Office
PO Box 430 – Goodwell OK 73939 – 580-349-1314 – fax 580-349-1351
international@opsu.edu - www.opsu.edu