



Following Jesus into the World

200 North Main Street, Hatfield, PA 19440 ♦ 800.235.4021 ext 146

Fax: 215.368.4913

Office of Admissions

**INTERNATIONAL STUDENT TRANSFER FORM**

For F-1 applicants currently residing in the U.S. and not planning to depart the country before beginning a degree program at Biblical.

**TO THE STUDENT**

Enter your full name below and indicate the year and program for which you plan to enroll. Sign the statement below to authorize release of your information and please forward this form to the foreign student advisor at your current school. **PLEASE ATTACH A COPY OF YOUR CURRENT I-20.**

Name (Last, First, Middle): \_\_\_\_\_ Sex:  Male  Female

Social Security # \_\_\_\_\_ Program for which you are applying:  DMIN  MA  MDiv  ThM

**\*Required for IRS form 1098-T**

Expected date of entrance: Fall 20\_\_\_\_ Spring 20\_\_\_\_

Initial date of entry into the US: \_\_\_\_\_ I-94 Number \_\_\_\_\_

**RELEASE OF INFORMATION CONSENT**

In accordance with the U.S. Citizenship & Immigration Services regulations regarding transfer of schools, I authorize the information requested below to be released to Biblical Seminary.

Signature \_\_\_\_\_

**TO THE FOREIGN STUDENT ADVISOR**

The person whose name appears above has applied to Biblical Seminary (SEVIS code: PHI214F00420000). Please respond to the questions below and mail the completed form and I-20 copy (supplied by the student) directly to the Office of Admissions at the address shown above.

Please indicate the student's last date of attendance or completion date \_\_\_\_\_

To your knowledge, has the student maintained legal status? \_\_\_\_\_ If "No," please explain: \_\_\_\_\_

Is the student's status currently under adjudication? \_\_\_\_\_ If "Yes," please explain: \_\_\_\_\_

Would the student be permitted to continue at your institution? \_\_\_\_\_

Please list all periods of OPT, CPT, or other authorized work (please specify): \_\_\_\_\_

Date of transfer: \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

Position or Title \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Signature of person completing this form \_\_\_\_\_ Date \_\_\_\_\_