



Office of International Student Services

8700 NW River Park Drive
Box 3
Parkville, MO 64152-3795
Tel. (816) 584-6834, 6379
Fax (816) 505-5443

international@mail.park.edu

INTERNATIONAL STUDENT TRANSFER FORM
(For F-1 Students Transferring from US Schools Only)

Please fill in the following information and give to your International Student Advisor at the school last attended for completion. This is part of your application to Park, and will be treated as a confidential document in your application file. We encourage you to hold a conference with your International Student Advisor in order to help provide us with the following information.

FRONT PAGE TO BE COMPLETED BY STUDENT

Name: _____

Country of Citizenship: _____

Present Address: _____

Phone number: _____ e-mail address: _____

Home Country Address _____

Date of Birth: _____ Sex: _____ Type of Visa: _____

Name of Dependents _____

Your source of finances: _____

Amount of financial support available per year: \$ _____

Country issuing your passport: _____

Expiry Date: _____

Port of Most Recent entry into the US: _____

Date of Entry: _____ I-94 Number: _____

**I HEREBY AUTHORIZE MY CURRENT INSTITUTION TO RELEASE ALL INFORMATION
REQUESTED BY PARK UNIVERSITY PERTAINING TO MY TRANSFER AS AN
INTERNATIONAL STUDENT.**

NAME: _____

SIGNATURE: _____

**PLEASE SUBMIT A COPY OF STUDENT I-20 WHEN MAILING THIS FORM DIRECTLY TO
PARK UNIVERSITY.**

To be completed by the International Student Advisor

Student's Name on I-20: _____

Type of Visa now held: _____

First semester/ quarter/ session in attendance at your institution _____

Last semester/ quarter/ session in attendance at your institution _____

SEVIS ID: _____ Release Date _____

Has the student received curricular or optional practical training? ___ Yes ___ No
Specify & List

Periods: _____

Has the student applied and received INS work authorization? ___ Yes ___ No

Has the student been the subject of disciplinary action while in your school?
___ Yes ___ No If yes, briefly explain? _____

Is the student in good standing academically? ___ Yes ___ No If no, briefly explain: _____

Does the student owe money to your institution? ___ Yes ___ No If yes, what plan has
been developed to remove this debt? _____

To the best of your knowledge, is the student in good standing with the INS and therefore
eligible for transfer? ___ Yes ___ No If No, briefly explain _____

Signature of International Student Advisor

Name and Title

Institutional Seal

Name of Institution

Date

Telephone Number - _____

E-mail Address - _____

**PLEASE SUBMIT A COPY OF STUDENT I-20 WHEN MAILING THIS FORM DIRECTLY TO
PARK UNIVERSITY.**