*International Student Advising/Admissions*
Geneva Hines
1201 Locust Ave.
Fairmont, WV 26554
304-367-4490
304-367-4495
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# TRANSFER ELIGIBILITY FORM
## (F-1 Student)

**Dear International Student:**

**The following information is required in order for us to approve your transfer to Fairmont State University.**

**Please ask the international student advisor at the school you are currently attending or last attended to complete this form and return it to our office. This information will help us in the process of your transfer.**

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**TO BE COMPLETED BY STUDENT**

**I authorize the international student advisor named below to provide the information requested on this form.**

_____ _____
**( Your last Name, First Name, MI)** **(Your Signature)**

_____ _____
**(SEVIS Number)** **(Immigration Status)**

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**TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR**

**I certify that the student named above: ___ is registered ___ was registered**

**as a ___ full-time student ___ less than full-time student**

**for _____ term, 20____ at this institution**

**and is currently ____ in status ____ out of status.**

_____ _____
**(Signature of school official)** **(Date)**

_____
**(Name and title of school official)**

**Name and Address of Institution:** _____

_____

**Phone number** _____

**SEVIS release date** _____