



**Transfer Form  
To: International Student  
Advisor**

**Section 1** (To be completed by the student)

I authorize my present International Student Advisor at the school I am currently authorized to attend to provide the information in Section 2 to facilitate my transfer to Brescia University.

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Last Name	First Name	Middle Name	Signature	Date
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**Section 2** (To be completed by the International Student Advisor)

Please complete this form and return it to my office at the earliest convenience.  
(Address: Brescia University, Office of Admissions, 717 Frederica St., Owensboro, KY 42303, fax (270) 686-4314)

1. Name of School: \_\_\_\_\_
2. Address of School: \_\_\_\_\_
3. School Phone Number: \_\_\_\_\_
4. School File Number: \_\_\_\_\_
5. Dates of Graduation given on the student's original I-20 AB: \_\_\_\_\_
6. Dates of Attendance at your school: \_\_\_\_\_
7. Is this student eligible to transfer?: \_\_\_\_\_
8. If no, what is the reason?: \_\_\_\_\_
9. Type of Program enrolled in (English, Undergraduate, Graduate): \_\_\_\_\_
10. List all periods of authorized employment (curricular training, practical training, economic hardship): \_\_\_\_\_  
\_\_\_\_\_
11. SEVIS transfer release date(MM/DD/YYYY): \_\_\_\_\_

\_\_\_\_\_

Name of Int'l Student Advisor

\_\_\_\_\_

Signature of Int'l Student Advisor

\_\_\_\_\_

Date