

Office of International Student Admissions @ Nicholls State University

INTERNATIONAL STUDENT TRANSFER / ADVISOR FORM

If you are currently residing in the United States, and studying in a U.S. educational institution, you must submit this transfer recommendation form to your current Foreign Student Advisor for completion, and have them return the form to our office: Nicholls State University, International Student Admissions, P.O. Box 2004, Thibodaux, LA 70310.

PART I: TO BE COMPLETED BY THE STUDENT

Last Name: _____ First Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: ____ / ____ / ____ Country of Birth: _____ Citizenship: _____
 Social Security Number: _____
 Semester of Intended Enrollment at Nicholls State University: Spring _____ Fall _____ Summer _____
 Degree sought at Nicholls: _____ Field of study: _____
 I hereby authorize my current Foreign Student Advisor or responsible officer to provide the information requested in Part II of this form to Nicholls State University.
 Student Signature: _____ Date: _____

PART II: TO BE COMPLETED BY A FOREIGN STUDENT ADVISOR

1. **Current Immigration Status** SEVIS ID NUMBER _____
 F-1 J-1 Completion Date on I-20 or DS 2019: ____ / ____ / ____
 I-94 Admission Number: _____ Expires: ____ / ____ / ____
 Exchange Visitor Program # _____ Category: _____
 Date of Entry into the United States: ____ / ____ / ____
 The student is in good standing and is/has been pursuing a full course of study since assuming valid non-immigrant student status.
 The student is out-of-status and will need to apply for a reinstatement upon receipt of a new I-20 from Nicholls State.
 Other _____
(end date of session for SEVIS transfer purposes)

2. **Dates of attendance at your school:** From ____ / ____ / ____ to ____ / ____ / ____
 3. **Please indicate the dates of any practical training (curricular, optional, academic) in which the student has participated. Please indicate whether the employment was authorized part-time or full-time.**

	Dates	Full-time / Part-time
Curricular		
Optional		
Academic		

Name of Foreign Student Advisor	Signature
Title of Foreign Student Advisor	Date
Name of Institution	Telephone
Address	E-mail address