

# 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