

IMMIGRATION TRANSFER RECOMMENDATION FORM

If you are an international student 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. Then submit it with your application for admission in order to receive an I-20. U.S. citizens and permanent residents do not complete this form.

pplicant's Name:			TO BE COMPL	LETED BY TH	IE STUDENT		
Aill you leave the U.S. before enrolling at Coppin Yes No emester of Intended Enrollment at Coppin State University	oplic	ant's Name:					
emester of Intended Enrollment at Coppin State University	ocial	Security Number:					
lease sign this release of information form and give it to your Designated School Official at the school you now attend or most	ill ye	ou leave the U.S. before enrolli	ng at Coppin?	□ Yes □] No		
cently attended.	mes	ter of Intended Enrollment at C	oppin State Unive	ersity			
TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL he above-named student has qualified academically for admission to Coppin State University. In compliance with INS regulations, Tective May 22, 1987, we request confirmation of his/her status at your institution before approving transfer to Coppin State University. Please complete the following and return to the Counseling Center - International Student Services, 2500 West North venue. Baltimore, MD 21216. 1. Current Immigration Status			m and give it to you	ur Designated S	School Official at the school you	now attend or most	
he above-named student has qualified academically for admission to Coppin State University. In compliance with INS regulations, fective May 22, 1987, we request confirmation of his/her status at your institution before approving transfer to Coppin State university. Please complete the following and return to the Counseling Center - International Student Services, 2500 West North venue. Baltimore, MD 21216. 1. Current Immigration Status					Applicant'	s Signature	
Tective May 22, 1987, we request confirmation of his/her status at your institution before approving transfer to Coppin State inversity. Please complete the following and return to the Counseling Center - International Student Services, 2500 West North venue. Baltimore, MD 21216. 1. Current Immigration Status		TO BE COMPLETED BY	THE DESIGNAT	TED SCHOO	DL OFFICIAL		
F-1 I-1 Completion Date on Document I-94 Admission Number Exchange Visitor Program # Category Category Interstudent is in good standing and is/has been pursuing a full course of study since assuming valid non-immigration student status. The student is out of status and will need to apply for a reinstatement upon receipt of a new I-20AB from Coppin State University. Other 1 The student is eligible for transfer Yes No 3. Date of last attendance at your school Interstudent, optional, academic) in which the student has participated. Please indicate the dates of any practical training (curricular, optional, academic) in which the student has participated. Please indicate the employment was authorized part- or full-time. Image: True true to the plane of D.S.O. Completing This Form Signature	fectiv nivers	e May 22, 1987, we request co sity. Please complete the followi	nfirmation of his/h	er status at yo	our institution before approving	g transfer to Coppin State	
Exchange Visitor Program # Category The student is in good standing and is/has been pursuing a full course of study since assuming valid non-immigration student status. The student is out of status and will need to apply for a reinstatement upon receipt of a new I-20AB from Coppin State University. Other 1 Date of last attendance at your school	1.	Current Immigration Status					
The student is in good standing and is/has been pursuing a full course of study since assuming valid non-immigration student status. The student is out of status and will need to apply for a reinstatement upon receipt of a new I-20AB from Coppin State University. Other The student is eligible for transfer Yes No Date of last attendance at your school		F-1 J-1 Completion Date on Document I-94			Admission Number		
The student is out of status and will need to apply for a reinstatement upon receipt of a new I-20AB from Coppin State University. Other 2. The student is eligible for transfer Yes No 3. Date of last attendance at your school		Exchange Visitor Program #		Catego	ory		
□ Other 2. The student is eligible for transfer Yes □ No □ 3. Date of last attendance at your school							
2. The student is eligible for transfer Yes No 3. Date of last attendance at your school 4. 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- or full-time.							
3. Date of last attendance at your school 4. 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- or full-time. 		Other					
4. 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- or full-time. Image: Im	2.	2. The student is eligible for transfer Yes \Box No \Box					
4. 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- or full-time. Image: Im	3.	Date of last attendance at your school					
Curricular	4.	Please indicate the dates of any practical training (curricular, optional, academic) in which the student has participated. Please indicate					
Optional Image: Completing This Form Name and Title of D.S.O. Completing This Form Signature			Dates		Full-/Part-Time	7	
Academic Name and Title of D.S.O. Completing This Form Signature		Curricular					
Name and Title of D.S.O. Completing This Form Signature		Optional					
		Academic					
		-		Signature			

E-mail Address

Telephone Number

Fax Number