COPPIN STATE UNIVERSITY
2500 W. North Ave.
Baltimore, MD 21216
Tel: 410-951-3600 fax: 410-523-7351
www.coppin.edu

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.*

TO BE COMPLETED BY THE STUDENT

Applicant's Name:_____

Social Security Number:_____

Will you leave the U.S. before enrolling at Coppin? ☐ Yes ☐ No

Semester of Intended Enrollment at Coppin State University_____

Please sign this release of information form and give it to your Designated School Official at the school you now attend or most recently attended.

_____
Applicant's Signature

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL

The above-named student has qualified academically for admission to Coppin State University. In compliance with INS regulations, effective 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 Avenue. Baltimore, MD 21216.

1. Current Immigration Status

   ☐ F-1 ☐ J-1 Completion Date on Document_____ I-94 Admission Number_____

   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

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.

	Dates	Full-/Part-Time
Curricular		
Optional		
Academic		

_____ _____
Name and Title of D.S.O. Completing This Form Signature

_____ _____
Name of Institution Date

_____ _____
Address Telephone Number

_____ _____
E-mail Address Fax Number