



Xavier University

International Student Transfer Form

INSTRUCTIONS:

- This form is for international students who are currently studying in the U.S. and intend to transfer to Xavier University.
- The student must complete Section A.
- Make a copy of the first page of your Form I-20 and send it with this form.
- After the student completes Section A, give this form to your current International Student Advisor/DSO.
- The International Student Advisor/DSO should then complete Section B.
- Please send this completed form and the copy of the Form I-20 by fax or mail.
- Once you receive an acceptance letter from Xavier University, please give a copy of that letter to your current International Student Advisor/DSO and inform him/her of your intent to transfer.

ONCE YOU ARE ACCEPTED TO ATTEND XAVIER UNIVERSITY:

- You are required to attend orientation prior to the start of your studies at Xavier University. All new international students and international transfer students are required to attend this orientation.
- Contact us if you plan to travel outside the U.S. before attending Xavier University. We will create a new Form I-20 and mail it to you for your re-entry into the U.S.
- Report to the Office of International Student Services (Gallagher Student Center, Room 230) when you arrive on campus.

SECTION A – STUDENT (PLEASE PRINT CLEARLY IN BLOCK LETTERS)

Family/Surname _____ First/Given Name: _____

Date of Birth (MM/DD/YYYY): _____ Male/Female: _____ Email: _____

Country of Citizenship: _____ Phone Number: _____

Current Mailing Address in the U.S.: _____

City: _____ State: _____ Zip Code: _____

Do you plan to travel outside of the U.S. before attending Xavier University? YES NO

Month & year you intend to enroll at Xavier University: _____

“I give permission for the information requested below to be released to Xavier University and ask that my SEVIS record be transferred accordingly.”

Student Signature: _____ Date: _____

SECTION B – INTERNATIONAL STUDENT ADVISOR/DSO

Semester/quarter student last attended your school: _____

SEVIS ID#: _____ SEVIS release date: _____

Has the student maintained F-1 status? _____

Has the student fulfilled his/her financial obligation to your school? _____

If the student is in an IEP program, when is he/she expected to complete the program? _____

Other comments: _____

DSO Name: _____

DSO Signature: _____

Date: _____ School Name: _____

School SEVIS code: _____

Phone: _____ Email: _____

PLEASE SEND TO:
 XAVIER UNIVERSITY
 OFFICE OF INTERNATIONAL STUDENT SERVICES
ATTN: LAURA HELLEBUSCH, DSO
 3800 VICTORY PARKWAY, MAIL: 2171
 CINCINNATI, OHIO 45207
 PHONE: 1-513-745-2864
 FAX: 1-513-745-2876
 EMAIL: hellebuschl@xavier.edu
SEVIS CODE: CLE214F00141000