



MOUNT ST. JOSEPH
UNIVERSITY

5701 Delhi Road
Cincinnati, Ohio 45233-1670
513-244-4200
www.msju.edu

PART A:
TRANSFER REPORT FOR APPLICANTS NOW IN THE UNITED STATES ON
NONIMMIGRANT F-1 VISAS

Instructions to Applicants in the US: All students should complete Section A of this form. Please contact the school you currently attend or most recently attended to complete Section B. You will not be issued an I-20 from the University until this form is completed and returned with the documents requested and the current school releases you for transfer. Once you are issued an I-20 from the University, you will need to report to a DSO within 15 days of the beginning of classes to have your transfer processed.

Name: _____

Country of Birth _____

Country of Citizenship _____

Semester of Enrollment at Mount St. Joseph University _____

Major of Study _____

Degree Sought _____

MOST RECENT US INSTITUTION ATTENDED

DATES OF ATTENDANCE

from _____ to _____

(Name of Institution)

I hereby authorize the foreign student advisor at the US institution I have most recently attended to review the information above, to provide MSJU with Part B of this form, and to provide MSJU with a release date for my SEVIS records.

Signature: _____

PART B:

INSTRUCTIONS TO THE DESIGNATED SCHOOL OFFICIAL AT THE INSTITUTION CURRENTLY OR MOST RECENTLY ATTENDED BY THE APPLICANT. Please review the information the applicant has provided in Section A against the records maintained in your office. Please answer the following questions and return the completed form scanned to the email address or US Postal address at the bottom of this page.

- 1) Is the information furnished in Section A (including the photocopies of certificates of eligibility) complete and accurate according to records in your office? ___ YES ___ NO
(If no, please comment)

- 2) To the best of your knowledge, is this student currently in status with DHS? ___ YES ___ NO

- 3) Please indicate your records for his/her:

First Day of F-1 status _____ INS Admission Number _____

Dates attended at your institution: from _____ to _____

Practical Training authorized by your institution (Please indicate type and specific dates)

- 4) Date this student will officially be released for transfer in SEVIS ___/___/___
5) Has the student been authorized for reduced course of study due to academic difficulties or a medical condition? ___YES ___NO If yes, please list level of study the student was engaged in at the time of the authorization(s) and date(s) for each authorization.

Name and Title of

FSA _____

Address _____

Telephone () _____ fax () _____

Signature _____ email _____

PLEASE RETURN THIS FORM AND ATTACHMENTS TO:

Mary.mazuk@msj.edu

Mary Mazuk, PDSO
Mount St. Joseph University
5701 Delhi Road
Cincinnati, OH 45233-1670