

**HARRIS-STOWE STATE UNIVERSITY
OFFICE OF ADMISSIONS**

International Student Transfer Evaluation

Student: Please complete the section below, sign, and have your International Student Advisor or an authorized school official complete the bottom portion of this form. The completion of this form is required for your transfer to Harris-Stowe State University.

Student's Name _____ SSN ____ - ____ - ____
(Please Print) Family Name First Name Middle Name

Birthdate (mm/dd/yy) _____ Country _____

I, _____, on _____, grant permission for the information requested be released to Harris-Stowe State University.

Student Advisor: The above named student has applied for transfer admission to Harris-Stowe State University. Please provide the information requested and forward this form to:

Harris-Stowe State University
Office of Admissions
3026 Laclede Ave.
St. Louis, MO 63103 (314) 340-3555 (fax)

Dates of Student's Attendance: From _____ to _____

Is the above student registered in SEVIS? _____ Yes _____ No

If no, please explain: _____

Date I-20 issued _____ Expiration Date _____
Visa Type _____ Expiration Date _____

Has this student maintained compliance with his/her F-1 status? Yes _____ No _____

If no, please explain. _____

Is this student eligible to continue at your institution? _____ Yes _____ No

If no, please explain: _____

Has this student met all financial obligations? _____ Yes _____ No

Comments: _____

Signature _____ Date _____

Printed Name and Title _____

Institution _____

Address _____ Telephone _____