

Miami: International Student Office/PDSO | Email: international-students@albizu.edu | Phone: (+1) 305-593-1223, ext. 3244

## **International Student Transfer Eligibility Form**

**STUDENT INSTRUCTIONS:** Print and sign your name below and provide your program information, then ask the international student advisor at the school you are attending or last attended to complete this form and return it to Albizu University.

I authorize the school representative named below to provide the information requested in this form.			
Student Name (Print)		Student Signature	
Intended Albizu University Degree Program			
	return it to the International S	student named above from you tudent Office. Albizu University's	
Student Information			
What immigration status does this student have?  ☐ F-1 ☐ Other		If F-1, what is the INS admission number?	
What is the expiration date on the I-94?  □ D/S □ Other (mm/dd/yyyy)		When was the student last enrolled full-time at your institution? (mm/dd/yyyy)	
To the best of your knowled Comments:	ge, is the student currently ir	n status with the INS?   Yes	□ No
Has the student been granted any employment authorization?			
Student's last level of English completed:		Student's last academic level completed:	
	Name		Title
School Representative Information	Institution Name		
	Street Address		
	City	State	Zip Code
	Signature	-	Date (mm/dd/yyyy)
Any additional comments:			