



## International Student Transfer Request Form

Admissions Office  
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PO Box 1267  
Montreat, NC 28757

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**Complete this form only if you have attended another university, college, language school, or high school in the U.S. and you intend to transfer to Montreat College.**

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**Attention International Students:** Please complete Section A and give it to your International Student Advisor at the U.S. institution you currently attend or did attend (*the institution in control of your SEVIS record*). Your advisor should complete Section B and mail, fax, or scan and e-mail the completed form to the PDSO at Montreat College (*contact information above*). This form will be treated as a confidential document.

### SECTION A: TO BE COMPLETED BY STUDENT

Name (*please print*): \_\_\_\_\_  
Last (Family) Name First (Given) Name

Current institution which issued I-20: \_\_\_\_\_

Final date you attended/will attend at your current institution: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm/dd/yyyy)

Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ in \_\_\_\_\_ Citizenship: \_\_\_\_\_  
(mm/dd/yyyy) Country of Birth Country issuing your passport

Married  Single If married, do(es) your dependent(s) live in the U.S.?  Yes  No

I intend to transfer to Montreat College (*SEVIS school code* ATL214F10187000) with a program start date of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
and will be attending the:  Montreat Campus (*SAS – traditional undergraduate*)  
 Asheville Campus (*SPAS – adult studies program*)  
 Charlotte Campus (*SPAS – adult studies program*)  
(mm/dd/yyyy)

I authorize the release of the information below to Montreat College.

Applicant Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

### SECTION B: TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL

SEVIS Release Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Student's SEVIS Number: \_\_\_\_\_  
(mm/dd/yyyy)

Dates of Attendance: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

Is the student eligible to continue at your institution?  Yes  No

Has the student satisfied all financial obligations to your institution?  Yes  No

To the best of my knowledge, the above-mentioned student is eligible for transfer per 8CFR214.2(f)(8)(ii)(c):  Yes  No  
(*if no, please explain*) \_\_\_\_\_

I have reviewed the information above and find it to be accurate.

DSO Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_ E-mail Address \_\_\_\_\_

DSO Printed Name \_\_\_\_\_ Title \_\_\_\_\_

School Name \_\_\_\_\_ City/State \_\_\_\_\_ Phone Number \_\_\_\_\_