



OFFICE OF ADMISSIONS

SOUTHEASTERN OKLAHOMA STATE UNIVERSITY
1405 N 4th, PMB 4225
DURANT, OK 74701-0609

580-745-2052
FAX: 580-745-7502
www.SE.edu

ADVISOR'S REPORT - Transfer In Form

TO THE PROSPECTIVE STUDENT: In order to complete the transfer to *Southeastern Oklahoma State University* (SEVIS School Code DAL214F10416000), you must have this form completed. **I cannot transfer you in (issue I20) until you are transferred out of your current college/university.** I give permission for my current institution to release the following information. I have decided to transfer from:

_____	REQUIRED INFORMATION	_____
(College/University)		(City, State)
_____	_____	_____
(Date)	(Student's Printed Name)	(Student's Signature)

TO THE INTERNATIONAL ADVISOR: The above named student has decided to transfer to our university, please complete the following (**all information is required to complete transfer**):

Student=s visa type _____ Student SEVIS ID Number N _____
 First semester/quarter/session in attendance at your institution _____
 Last semester/quarter/session in attendance at your institution _____

Student is pursuing a full course of study & in good standing with ICE, and therefore eligible for transfer
 Yes _____ No _____

Student in good academic & financial standing Yes _____ No _____

Student has been granted off-campus/practical training employment Yes _____ No _____
 If yes, specify type/s and dates _____

Student has been the subject of disciplinary action while attending there Yes _____ No _____

SEVIS release date _____

_____	_____	_____
(Printed Name of School Official)	(Signature of School Official)	(Date)

_____	_____
(Name of Institution)	(SEVIS School Code)

Thank you for your assistance. Please mail this form directly to: Southeastern Oklahoma State University, Office of Admissions, 1405 N 4th Ave PMB 4225, Durant Oklahoma 74701-0609/Fax 580/745-7502.