SCHOOL TRANSFER FORM

Complete this form only if you are requesting to transfer to the University of Nebraska at Omaha from another institution in the U.S.

Please complete Part I of this form and submit it to the International Student Advisor at the U.S. school in which you are currently enrolled or the U.S. school you most recently attended. The International Student Advisor should complete Part II of the form and return it directly to the address above. **THE FORM SHOULD NOT BE RETURNED TO THE STUDENT.**

**PART I (to be completed by applicant)**

Name of student: ____________________________________________________________________________________________________

Country of Citizenship: __________________________________________________ Type of visa: _______________________________________

I-94 Admission Number: _____________________________________ SEVIS Number: ____________________________________

United States Address: _______________________________________________________________________________________________

Street City State Postal code

I, ___________________________________________, authorize release of all information on this form.

(Student’s signature)

**PART II (to be completed by the International Student Advisor or other Designated School Official)**

Please return this form directly to International Admissions at the University of Nebraska at Omaha, 6001 Dodge Street, Omaha, NE 68182-0080 or fax it to 402.554.2949.

The Above-Named Student:

_____ is taking a full course of study at this school.

_____ is taking less than a full course of study at this school.

_____ terminated attendance on (date) _____________ and WAS/WAS NOT taking a full course of study.

_____ is in FULL F-1 STATUS

_____ is OUT OF STATUS

Does this student have a SEVIS I-20 from your school?  □ YES □ NO

If “YES,” what is the SEVIS release date for this student?  _______________________________

Is the student in good academic standing and able to re-enroll the next semester?  □ YES □ NO

If “NO,” please explain: _______________________________________________________________________________________________

__________________________________________________________________________________________________________________

Has the student engaged in Practical Training?  □ CPT ___________________ (Dates)  □ OPT ___________________ (dates)

Has the student had financial / health / disciplinary / adjustment difficulties?  □ YES □ NO

**If you wish to make any additional COMMENTS, please use the reverse side of this form. We appreciate your assistance and assure you that this information will be held in strict confidence.

Print name of School Official

Name of Institution

Signature of School Official

Address of Institution Street

Official Title of School Official

City State Postal Code

Phone Number E-mail Address