

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 below. **THE FORM SHOULD NOT BE RETURNED TO THE STUDENT.**

## PART 1 (to be completed by applicant)

Name of student \_\_\_\_\_  
*Last name* *First name* *Middle name*

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 2 (to be completed by the international student advisor or other designated school official)

**Please return this form directly to the Office of Graduate Studies at the University of Nebraska at Omaha, 6001 Dodge Street, Omaha, NE 68182-0209 or fax it to 402.554.3143.**

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*