

OAKLAND UNIVERSITY

Graduate Admissions

INTERNATIONAL STUDENT TRANSFER INSTRUCTIONS

If you are an international student currently attending a college or university in the United States and have decided to apply to Oakland University (OU), please **complete the student section and submit this form** to the International Student Advisor at your current institution. International students transferring from another U.S. institution to Oakland University must transfer schools according to U.S. Citizens and Immigration Services (USCIS) regulations. Please follow these steps to complete a transfer:

1. Complete Part I of this form.
2. Submit this form to the International Student Advisor at your current school or school most recently attended, requesting Part II of the form be completed and faxed to the International Students and Scholars Office (ISSO) at (248) 370-3351.
3. If you are admitted to Oakland University as an international student, your file will be sent to the ISSO. They will only issue your new I-20 after your current institution transfers your SEVIS record to Oakland University.
4. You will also receive a congratulations e-mail from the ISSO informing you of when your SEVIS I-20 will be issued by OU and what date the mandatory international orientation will be scheduled for the upcoming semester.

NOTE: Failure to follow the above directions may jeopardize your immigration status. USCIS will not reinstate a student to status for failure to transfer schools. If you are currently on OPT and have questions about the SEVIS transfer process, please contact the International Students and Scholars Office at (248) 370-3358 or isso@oakland.edu.

For further assistance

If you have questions, please contact:

Graduate Admissions
O'Dowd Hall, Room 520
586 Pioneer Drive
Rochester, MI 48309-4482
(248) 370-2700
(248) 370-3226 (fax)



OAKLAND UNIVERSITY

Graduate Admissions

INTERNATIONAL STUDENT TRANSFER FORM

ONLY international students currently attending colleges/universities in the United States should complete this form.

PART I. TO BE COMPLETED BY STUDENT:

If you are currently attending a college, university or language center in the United States, please **complete the student section and submit this form to the International Student Advisor at your current institution. The advisor should complete this form and fax it directly to Oakland University.**

Print: _____ (Last name) _____ (First name) _____ (Middle name)

I hereby authorize the International Student Advisor at the most recent U.S. college/university I attended to complete this form and have it faxed directly to the International Students and Scholars Office (248) 370-3351 at Oakland University in Rochester, Michigan 48309-4401.

(Student applicant's signature) _____ (Date)

PART II. TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR/DESIGNATED SCHOOL OFFICIAL:

The above named student has applied to Oakland University. In compliance with USCIS regulations, we request confirmation of his/her status at your institution before considering this student for admission to Oakland University. **Please complete and fax to (248) 370-3351.**

SEVIS ID Number _____ Initial date of enrollment at your institution _____

Date of last attendance at your school _____

F-1 Completion date on I-20 _____ Student's I-94 Admission Number _____

Oakland University School Code: DET214F00763000

Please check one of the following:

- The student is in good standing and is/has been pursuing a full course of study (or has already been reinstated to status by USCIS).
- The student is out of status and a reinstatement to student status was filed.
- The student is out of status, and we will advise him/her to apply for reinstatement upon receipt of a new SEVIS I-20 from Oakland University.
- Other _____

Would this student be permitted to continue or return to your institution? Yes No

If your answer to the above question is NO, please explain _____

Please indicate if student is currently on Optional Practical Training (OPT). Yes No

Please provide date which appears on SEVIS I-20 which states OPT will end on _____

Name and title of designated school official completing this form _____

Name of institution _____

Signature _____ Date _____

City, State ZIP

Telephone number

Email Address