

**Oakland University**

**English as a Second Language/ International Students**

**Transfer Instructions**

Students transferring from another U.S. institution to Oakland University must transfer schools according to INS regulations. Please follow these steps to complete a transfer:

1. The student must complete Part I of the Oakland University Transfer In form.
2. The International Student Advisor from the student’s current school, or school most recently attended, must complete Part II of the Transfer In form and fax to:

ESL Institute

Oakland University

326 O’Dowd Hall

586 Pioneer Drive

Rochester, MI 48309

Fax (248) 370-3587

Phone: (248) 364-8803

1. Call (248) 370-3358 to schedule an appointment with the International Students and Scholars Office and complete this transfer process.
2. Bring to the appointment:
   1. **ALL** I-20’s from your previous institution and the I-20’s you received from OU.
   2. Your passport & I-94 card.
   3. Transfer In form with you if your International Student Advisor did not mail it to OU.
   4. Any other Immigration paperwork that you may have.

*NOTE: Failure to follow the above directions may jeopardize your immigration status. U.S.C.I.S. will not reinstate a student to status for failure to transfer schools.*

Oakland University

Office of Admissions and Orientation-ESL

Transfer in Form

Fax (248) 370-3587

**Part I. To be completed by Student:**

Please sign your name below and give this form to your international student adviser at the school you now attend or most recently attended OR if e-mailing this please type your initials as your signature.

I grant permission for the information requested below to be released to Oakland University.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Print Name | Signature of Applicant | Date |
|  |  |  |
| In your most recent/current semester, were you enrolled in academic courses, English language courses or both? (Please check the appropriate box below.) | | |
| Academic courses | English language courses | Both |

**Part II. To be completed by International Student Advisor/Designated School Official:**

The above-named student has applied to **Oakland University**. In compliance with INS regulations we request confirmation of his/her status at your institution before approving transfer to OU. Please complete the following and return to OU via fax or postal mail.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Current Immigration Status:** | | | | | | |  | | | | | | | | | | |
| SEVIS ID Number | | | | | |  | | | | Initial date of enrollment at your institution: | | | | | |  | | |
| Date of Entry to the US: | | | | | | |  | | | Date of last attendance at your school: | | | |  | | | | |
|  | | |  | | | | | | | |  | | | | | | | |
| F-1 | | | Completion Date on I-20 | | | | | | | | I-94 #: \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | | | | | | | |
|  | | | **Date released in SEVIS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | **Oakland University School Code: DET214F00763000** | | | | | | | |
| J-1 | | | Ending date of DS-2019 | | | | | | | | Sponsored by | | | | | | | |
|  | | | Exchange Visitor Program # | | | | | | | | Category | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | | |
| **2.** | **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 on | | | | | | | | | | | |  | | | | | |
|  | At USCIS District: | | | |  | | | | Is pending. (Please enclose copies of documents filed with INS.) | | | | | | | | | |
|  | The student is out of status, and we will advise him/her to apply for reinstatement upon receipt of a new I-20AB from Oakland University. | | | | | | | | | | | | | | | | | |
|  | Other: | | |  | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | |  | | | | | |
| **3.** | 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: | | | | | | | | | |  | | | | | | |

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| --- | --- | --- |
|  | |  |
| Name and Title of Designated School Official Completing this Form | | Name of Institution |
|  | |  |
|  | |  |
| Signature | | Date |
|  | Telephone Number: | |
| City, State | E-Mail Address: | |