

International Student Request to Transfer into Union Adventist University

From: Missy Sorter
Principal Designated School Official, Union Adventist University
SEVIS School ID: OMA214F00212000

In order to properly transfer your SEVIS record from your current institution to Union Adventist University we require this form to be completed.

You must fill out **Section 1** of this form.

The International Student Advisor (or equivalent campus officer) at your current school must fill out **Section 2** and send the completed form to Missy Sorter.

Section 1- Student Request to Transfer to Union Adventist University

Please print legibly

Name of Student: _____

Birthdate: ____/____/____ I-94 Admission Number (if known): _____

Passport Country: _____

Passport Number: _____

Passport Expiration: ____/____/____ Anticipated Union Enrollment: ____semester/year____

Permanent Home Country Address: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Current U.S. Address: City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

I request and authorize my present International Student advisor (or equivalent campus officer) to provide the information in Section 2, as part of my application and admission to Union Adventist University.

Signature: _____ Date: _____

Form continued on reverse side

Section 2- To Be Completed by International Student Advisor
(or equivalent campus officer)

1. Is the international student currently “in-status” and eligible to transfer to Union Adventist University without reinstatement?
Yes_____/No_____
2. Last term the above international student enrolled full-time at your institution:____semester/year__
3. If the student were to remain at your institution, would they be eligible to register for the next term?
Yes_____/No_____
4. Has the student had any authorized periods of practical (including curricular or academic) training?
Yes_____/No_____
5. Please indicate SEVIS ID# _____
6. Effective Date of SEVIS to SEVIS Transfer: _____

Additional Comments:

I certify the information noted in Section 2 is correct to the best of my knowledge.

Name: _____ Signature: _____

Title: _____ Date: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Please note: This form constitutes notice of the above named student’s intent to transfer to Union

Please return this form by email to missy.sorter@uau.edu; or by U.S. Post to:

Missy Sorter
Union Adventist University
3800 South 48th Street
Lincoln, NE 68506

Thank you for your assistance