



OFFICE OF ADMISSIONS
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 FAX: (580) 581-5416/Email: international@cameron.edu
 School code: DAL214F0905000

Transfer Recommendation Form for International Students

TO BE COMPLETED BY PROSPECTIVE STUDENT: In order to complete your transfer to Cameron University, you must have this form completed by the last institution you were authorized to attend by USCIS.

I, _____

(PRINT Complete Name CLEARLY)

Request and authorize my current International Student Advisor to provide the information below as part of the transfer procedure to Cameron University.

(SIGNATURE of Student) _____ **Entry term to CU**

TO THE DSO: The above named student plans to transfer to our school. Please complete the following information, on behalf of the student and Cameron University. Thank you for your assistance.

Student's Visa type? _____ SEVIS Number? _____

SEVIS RELEASE DATE: _____

Is student pursuing a full course of study and in good standing with DHS, being, therefore, eligible for transfer?
 _____ YES _____ NO, because: _____

Is student in good academic and financial standing? _____ YES _____ NO, because: _____

Has the student ever been granted a REDUCED COURSE LOAD while at your institution?
 _____ NO _____ YES, please explain: _____

Has the student been granted off-campus or practical training employment? _____ NO
 _____ YES; please specify type and dates: _____

Has the student ever been reinstated? _____ NO _____ YES; please explain: _____

Signature of DSO **Name & Title** **Date**

(INSTITUTIONAL SEAL) **Institution Name, Address & Phone number**

Phone **Email**