Southern Nazarene University

International Transfer Student Information Request Form

Full Name: ____
Last **First** **Middle**

Social Security Number (if any): ______________________________

I give permission for release of the following information:

Student's Signature____Date: ______________

♦♦

To the International Advisor: The above named student has decided to transfer to our university, please complete the following:

Student's visa type: ___________

___________________________ was the first semester/quarter/session in attendance at our institution and is/was last enrolled for the ___________term in ________ hours.

Is the student pursuing a full course of study and in good standing with INS therefore eligible for transfer? ____Yes ____No, because:

Is the student in good academic and financial standing? ____Yes ____No, because:

Has the student ever been reinstated? ______ No ______Yes, when? ______________________

Has the student ever been authorized for a reduced course load? ____No ____ Yes, when? _____

Has the student been granted off-campus or practical training employment? _____No ______Yes
If yes, specify type/s and dates:

Has the student been the subject of disciplinary action while attending your school? ______No ______Yes, briefly explain:

What is the release date for this student?

____
Signature of School Official **Name&title of official** **Date**

____
Institution Name and Address
(Institutional Seal)

Thank you for your assistance. Please mail this form directly to:

Office of International Student Services
Southern Nazarene University
6729 NW 39th Expressway
Bethany, OK 73008
Phone: (405)491-6624 Fax: 405-717-6270