TRANSFER ELIGIBILITY FORM
RADFORD UNIVERSITY

International applicants holding F or J student visas who are transferring from other U.S. educational institutions are required to submit this form. You must first complete the "Student Section" of this form, and then have the International Student Advisor at your current school complete the bottom section of this form. Your current school must send the completed form to the address(s) noted at the bottom of this page.

Applicants: The RU DSO may request the following:
1. Copy of current I-20 or DS-2019
2. Copy of visa
3. Copy of passport
4. Copy of I-94

STUDENT SECTION

I authorize my present International Student Advisor to provide the information below as part of my application for admission to Radford University.

Applicant's Name

<table>
<thead>
<tr>
<th>Last/Family/Surname</th>
<th>First/Given</th>
<th>Middle</th>
</tr>
</thead>
</table>

Country of Citizenship __________________________________________________________

Student Signature ___________________________________________________________ Date ______________________

INTERNATIONAL STUDENT ADVISOR

Please complete and return this form to the address indicated below. Faxes are acceptable.

1. SEVIS Number ___________________________ SEVIS release date ___________________________
2. Is this student in good academic standing and eligible to continue at your institution?
   YES   NO
3. To the best of your knowledge, has this student maintained status & eligible to transfer?
   YES   NO
   If no, please indicate reason __________________________________________________________
4. Does the student have any outstanding financial obligations to your school?
   YES   NO
5. Was this student enrolled in full-time study last semester?
   YES   NO
   If no, please explain __________________________________________________________
6. Please list any dates of authorization Practical Training __________________________
7. Additional comment (if needed, please use the back of this form) __________________________

Signature of DSO ___________________________ Date __________________________

Name of DSO (please print) ___________________________ Title __________________________

Name and Address of School ______________________________________________________

Phone __________________________

Please return this form with your application or fax it to: Office of Admissions FAX: 540-831-5038 www.radford.edu