



# School Transfer Form

International Student Admissions  
Staunton, Virginia 24401  
(540) 887-7028 • fax (540) 887-7292

**TO BE COMPLETED BY THE TRANSFER STUDENT**

*(please type or print)*

I authorize my current international student advisor to verify the following information and to provide the additional information requested below to Mary Baldwin College.

\_\_\_\_\_

signature of applicant date

1. Your Name \_\_\_\_\_

family name given name middle name

2. Term for which you are applying to Mary Baldwin College \_\_\_\_\_

3. Degree sought \_\_\_\_\_ Program of study \_\_\_\_\_

**TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR**

*(please type or print)*

The student named above has notified us of her intent to transfer to Mary Baldwin College. Please answer the following questions so that we may complete the transfer process. Thank you for your assistance.

1. Student's Name \_\_\_\_\_ INS Admissions Number \_\_\_\_\_

family name given name middle name

2. Visa Type \_\_\_\_\_ Date of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

month day year

3.  Student is in Status according to immigration regulations and eligible for transfer.

4.  Student is not in Status for the following reasons:

Not registered for full course of study  Unauthorized employment  Other, please explain:

\_\_\_\_\_

\_\_\_\_\_

Has reinstatement been applied for?  No  Yes. If so, when \_\_\_\_\_

month day year

Reinstatement filed at which INS office? \_\_\_\_\_

5. Original I-20 was issued for: Level of Study \_\_\_\_\_ Completion date \_\_\_\_\_

Program of Study \_\_\_\_\_ Normal length of study \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

signature of international advisor name and title date

\_\_\_\_\_

institution and address telephone number

Please enclose a copy of the student's (or school copy) I-20 AB and I-94 card if available. Return form to Judith Métraux at the address above, or fax to (540) 887-7292.