

## **Transfer Release Form**

## **To: International Student**

The Immigration and Naturalization Service requires this office to have the following information in order to process your transfer to Grand View University. The information below needs to be completed by you (Section I) as well as your present school (Section II). Please complete the information in Section I and submit this form to the International Student Advisor at your present school.

## To: International Admission Counselor

The international student whose name and identification appear below is considered for admission at Grand View University. According to the Immigration regulations from May 22, 1987, our office cannot process a school transfer for the student until we verify that he/she has been registered for a full course of study the preceding quarter/semester. Please complete the information in Section II and return this form to:

International Admission Counselor Grand View University 1200 Grandview Avenue Des Moines, Iowa 50316

## Section I: To be completed by student

Student name		
Last First	Middle	Former name
Date of birth		
ID number of school presently attending		
Country of birth	Country of citizenship	
Section II: To be completed by international admission counselor		
Student was registered for a full course of study the preceding quarter/semester		
Student was not registered for a full course of study the preceding quarter/seme Naturalization Service.	ster. Please advise student to apply for Reinsta	tement with the Immigration and
The student's date of initial attendance at our school (excluting admission into a ful	l-time English program) was	
During his/her attendance at our school, the student did not complete a degree	program.	
During his/her attendance at our school, the student completed the following de	gree program(s).	
Type of Degree	Date of completion	
Signature of individual completing form	Date	
Name (please print)	Title	