



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 _____ Social Security Number _____

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/semester. Please advise student to apply for Reinstatement with the Immigration and Naturalization Service.

The student's date of initial attendance at our school (excluding admission into a full-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 degree program(s).

Type of Degree	Date of completion
_____	_____
_____	_____
_____	_____

Signature of individual completing form _____ Date _____

Name (please print) _____ Title _____

Name of institution _____ Phone number _____