

EASTERN KENTUCKY UNIVERSITY

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International Student & Scholar Services http://international.eku.edu/

PART I: TO BE COMPLETED BY THE STUDENT

Whitlock Building, Room 455, CPO 69 521 Lancaster Avenue Richmond, Kentucky 40475-3102 PHONE: (859) 622-1478

FAX: (859) 622-1552 EMAIL: <u>international@eku.edu</u>

SEVIS TRANSFER FORM SCHOOL CODE: NOL214F10728000

Please complete Part I of this form and let the international student adviser at your current school complete Part II.

Name:		
Family/Last	First name	Middle
EKU ID#:	Phone:	
Email:		
Street Address:		
City:	State:	Zip Code:
Student's Signature:		Date:
PART II: TO BE COMPLETED BY Please, if student's record is in comple		
Student SEVIS ID:		
2. If the student is out of status, has h	ne/she applied for reinstatement?	Yes No
3. Please list any type and periods of	Practical Training:	
Curricular:		Part-time Full-time
Optional:		Part-time Full-time
Last semester of enrollment:		
Name of School Official	Signature	Date
Name of Institution		Phone

