



**BOISE STATE UNIVERSITY**

# International Student Transfer Eligibility Form

## Student Section & Instructions:

Please complete this student section. Then take it to the International Student Advisor at the school you are attending for their signature. *We are not asking for your SEVIS record to be transferred at this time.* This form provides the contact details for your advisor, your last date of classes and if your immigration record allows you to transfer. If you have questions, please e-mail [interntl@boisestate.edu](mailto:interntl@boisestate.edu).

Your Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to release the following information to Boise State University  
(Name of your current school or university)

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## International Student Advisor or DSO Section:

The above student has applied for admission to Boise State University. Please complete this section of the form regarding the student and mail, fax or email it to: Email: [interntl@boisestate.edu](mailto:interntl@boisestate.edu) – Fax: (208) 426-3765 – Mail: Boise State University, International Admissions, 1910 University Drive, Boise, Idaho 83725-1320. Thank you in advance for your assistance.

Student Visa Classification/Status:    F-1    J-1

Current I-20/DS2019 Expiration date: \_\_\_\_\_

Transfer Release Date (please choose):  Upon Proof of Acceptance

Specific date (please specify): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Yes    No    The student has maintained status and is eligible for transfer to Boise State University

Yes    No    The student is currently enrolled. If no, what was the student's last date of attendance: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Name of School: \_\_\_\_\_

Name of School Official: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_