

Christian Brothers University

Student Transfer Evaluation Form

Name of College or University

RE: _____
Name of Student

I have been admitted to Christian Brothers University. Immigration and Naturalization Services regulations require your confirmation that I have been pursuing a full course of study at this institution before my transfer to CBU can be approved. I therefore authorize you to complete the following and then mail or fax this form to: (901) 321-3524.

Christian Brothers University

Attn: Karen Conway, Dean of Students
650 East Parkway South
Memphis, TN 38104
Box T-4

Thank you for your consideration,

Student Signature

The student attended our institution from _____ / _____ / _____ to _____ / _____ / _____
month / day / year to month / day / year

Check all that are applicable:

This student is considered to be in full time status and is eligible to transfer without leaving the U.S. or going to INS.

This student is out of status and we will/have advised this student to apply for reinstatement upon receipt of the new I-20 from CBU.

This student's current status is unknown. *Please clarify in comment section.

This student received off-campus work authorization for:

_____ Full-Time Curricular Practical Training from _____ to _____

_____ Optional Practical Training (Indicate if part-time or full-time) _____

SEVIS# _____

Comments _____

Please indicate transfer release date: _____

Name and Title of DSO Signature

Telephone: (_____) _____ Email: _____

Name of Institution: _____

Address

City

State

Zip
