



# Cowley College

## INTERNATIONAL TRANSFER FORM

### Office of Admissions

Arkansas City Campus  
Cowley College  
125 S Second Street  
Arkansas City, KS 67005

Fax:  
620.441.5250

Email:  
international@cowley.edu

Website:  
www.cowley.edu

If you are currently enrolled in, have ever attended, or have graduated from a USA college or university, you are required to submit this reference form as a part of your application. Please sign the authorization and return this to Admissions.

### Section I (to be completed by the student)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Type of VISA: \_\_\_\_\_

I hereby grant permission to the Designated School Official at the school I am currently authorized to attend to release information regarding my enrollment at that institution.

Student's Signature \_\_\_\_\_

### Section II (to be completed by Designated School Official - DSO)

School Name & Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The above-named student has applied for enrollment as a full-time student at our institution. USCIS regulations require confirmation that a transfer student was pursuing a full course of study at his/her previous institution and is eligible for transfer. Your cooperation in this matter is greatly appreciated.

*Please provide a photocopy of the student's initial Form I-20 with your reply, if available*

In accordance with USCIS regulations, is the student in good standing at your institution?  
 Yes  No If no, please explain \_\_\_\_\_

Does the student have any outstanding financial obligations to your school?  
 Yes  No

Student's Admission Number: \_\_\_\_\_

Transfer Release Date: \_\_\_\_\_

SEVIS ID Number: \_\_\_\_\_

Dates of attendance at your school: from \_\_\_\_\_ to \_\_\_\_\_

Name of DSO: \_\_\_\_\_

Title of DSO: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

DSO Signature: \_\_\_\_\_ Date: \_\_\_\_\_